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J. SAULSBERRY EXAMINER

AUG 2 0 2013

## **COVER LETTER**

Division of Corporations	
SUBJECT: LITTLE BRAZIL LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Plinio E. de Lima Name of Person	
Name of Person	
Little BRAZIL, LLC Firm/Company	
Firm/Company	
1266, SANDESTIN WAY  ORLANDO, FI 32824	
Address	
ORLANDO, FI 32824	28
City/State and Zip Code	
	AUG
E-mail address: (to be used for future annual report notification)	<u> </u>
For further information concerning this matter, please call:	
PIINIO E. LIMA at (407) 9851228  Name of Person Area Code & Daytime Telephone Number	6 AH 8: 05
Name of Person Area Code & Daytime Telephone Number	<u>\$</u> 5
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LITTLE BRAZ	ic LCC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 13000 1123 &amp; 3</u>	y were filed on/	August, & 2013 an	d assigned	i
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here	:		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Compar	ny," the designation "LLC" or	the abbre	 viatior
Enter new principal offices address, if applicable:			20	
(Principal office address MUST BE A STREET ADDRESS)	<u>-</u>		교	*** · · ·
*		- <u>·</u> ,	S.	·
			9	i
Enter new mailing address, if applicable:		سر در در		; ~
(Mailing address MAY BE A POST OFFICE BOX)	·		င်း	<del></del> -',
<u> </u>		5	05	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address be		ur records, <u>enter the na</u>	me of the	e Dew
Name of New Registered Agent:				
New Registered Office Address:				
	Ente	er Florida street address		
		, Florida		
	City	Zip	Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Name **Address** <u>Title</u> MGRM PIINIO E LIMA 1266 GANDESTIN WAY ORINDO, FI FIX NAME LIMA IS MY LAST NAME.

Remo Remove Add Remove φ ထွ Remove Add Remove Add Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	When I WAS FILLING DE TITLE MGRM I
•	when I was filling de TITLE MGRM I put my first name were my LAST hame
	Should HAVE been.
	The weect should be Plinio E. Lim
	FIRST MI. LAST
Dated	8/12/2013 Think you.
	Minio Edwardo Lein o
	Signature of a member or authorized representative of a member
	PIINIO EDUARDO LIM
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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