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COVER LETTER

TO:

	tegistration Se livision of Cor			
CHRIECT	BRBIZ LA	TAM LLC		
SUBJECT	ı:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		JORGE SCHNEIDER		
			Name of Person	
		JFS CONSULTING SERV	VICES LLC	
			Firm/Company	
		2627 NE 203rd ST - SUIT	E 218	
			Address	
		AVENTURA, FL. 33180		
			City/State and Zip Code	
		jschneider@jfsconsultingsv		
		E-mail address: (to be used for future annual report notifica-	ation)
For further	information co	oncerning this matter, please co	all:	
JORGE S	CHNEIDER		786 440.5553	
	Name of	f Person		elephone Number
Enclosed is	s a check for th	e following amount:		
\$ 25.00) Filing Fee	(1) \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	lailing Addres egistration S		<u>Street Address:</u> Registration Secti	on
	ivision of C		Division of Corpo	
P	.O. Box 632	7	The Centre of Tal	lahassee
T	allahassee, l	FL 32314	2415 N. Monroe S	Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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BRBIZ LATAM LLC	er.	- 10 1 2 4
(Name of the Limited (A	Liability Company as it now appears on our record Florida Limited Liability Company)	LLAHASSEF, FI
The Articles of Organization for this Limited Liab		_
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regingent and/or the new registered office address because in the new registered of the new registered of the new registered of the new registered agent and/or registered agent and/or registered of the new registered		the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS
_		orida
	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 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LUZ MARIA MURILLO	19148 N HIBISCUS ST	≣ Add
		WESTON, FL 33332	□Remove
			□Change
MGRM	SERGIO VILLAFANE	19148 N HIBISCUS ST	≣ Add
		WESTON, FL 33332	Remove
			□ Change
MGRM	JULIANA VILLAFANE	1011 Fairfield Meadows Drive	■Add
		Weston, FL 33327	□Remove
			□ Change
			□ Add
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ffective date, if other than the data effective date is listed, the date must be to the date inserted in this bloc ocument's effective date on the Dep.	e specific and c k does not me	annot be prior tect the applica	o date of filing o	or more than 90 (iling requirem	(option: days after fili ents, this da	ng.) Pursu	ant to 60; of be list	5.0207 ted us
record specifies a delayed effective of is filed.	late, but not a	n effective tin	ne, at 12:01 a.	m. on the earli	er of: (b)	The 90th	day afte	er the
lated June 13th		2022	·					
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