## LISCOON SCA

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## **COVER LETTER**

TO: Registration So Division of Con			
BRITO LE	GAL L.L.C.		
	Name of Limit	ed Liability Company	
	Amendment and fee(s) are submondence concerning this matter to	•	
	Stephanie Brito		
	**************************************	Name of Person	
	BRITO LEGAL L.L.C.		
	****	Firm/Company	
	4305 NE 21 avenue Apt 9		
	******	Address	
	Fort Laud FL 33308		
		City/State and Zip Code	
	sbritoesquire@gmail.com		<u> </u>
For further information of	E-mail address: (to	be used for future annual report notifical	ttion) AFEB 11
Stephanie Brito		954 3031973 at ()	from:
Name o	of Person	Area Code Daytime To	elephone Number
Enclosed is a check for t	he following amount:		.*
■ \$25.00 Filing Fee	□ \$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)

MAILING ADDRESS: 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

BRITO LEGAL L.L.C.						
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number L15000029502	were filed on February 17 2015 and assigned					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	vility company here:					
Stephanie Brito L.L.C.						
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	4305 NE 21 Avenue #9					
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, Florida 33308					
Enter new mailing address, if applicable:	4305 NE 21 Avenue #9					
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, Florida 33308					
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address					
	Cuy, Florida Zip Code					
New Registered Agent's Signature, if changing Registered Agent:	No. 1					

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 Changing Registered Agent, Signature of New Registered Agent

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

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E. Effective	e date, if other th tive date is listed, the	an the date of fi	ling:	prior to data a	fling or more	optio	onal) Sling V Du	
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documer	nt's effective date o	n the Department	of State's reco	ords.				
If the reco	rd specifies a d	elayed effectiv	e date, but	t not an ef	fective time	e, at 12:01 a	.m. on	the earlier
(b) The 9	Oth day after th	ne record is file	ed.					
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