To: Division of Corporations Dept 26 State da Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARILI CANCIO JOHNSON P.A.

Account Number : 120160000073 Phone : (305)967-6329 Fax Number : (305)470-7453

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:____

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BR-VISA LLC**

| Certificate of Status | 0 |
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COVER LETTER

| TO: Registration Division of C | Section orporations | | | |
|-----------------------------------|---|---|----------------------|-------------|
| BR-VISA | LLC | | | |
| SUBJECT: | Name of Lit | nited Liability Company | | |
| The enclosed Articles of | of Amendment and fee(s) are sul | binitled for filing. | | |
| | pondence concerning this matter | • | · . | 5.5.5 |
| | MILENA MITRAUD | | | <u>≒</u> |
| | | Name of Person | . 1 | N 1 |
| | MARILI CANCIO JOHN | ISON PA | · ,- | D :: |
| | | Firm/Company | | اريل سود. |
| | 1395 BRICKELL AV. SI | UITE 650 | | |
| | | Address | | |
| | MIAMI/ FL 33131 | | | |
| | ····· | City/State and Zip Code | | |
| | milena.mitraud@cjelaw.c | | | |
| | E-mail address: | (to be used for future annual report n | otification) | |
| For further information | concerning this matter, please o | cali: | | |
| Milena Mitraud | | 786 6834363 | | |
| Name | of Person | | ime Telephone Number | |
| Enclosed is a check for | the following amount: | | | |
| ■ \$25,00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C | of Status & |
| Regist | JING ADDRESS: ration Section | STREET/COU Registration Sec | | |

Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BR-VISA LLC | | |
|---|---|------------------------------|
| (Name of the Limited I | Jability Company as it now appears on our records flooda Landed Lahility Company) | _) |
| The Articles of Organization for this Limited Liabi Florida document number L15000049161 | lity Company were filed on 03/18/2015 | and assigned |
| This amendment is submitted to amend the following | ng: | N 3. |
| A. If amending name, enter the new name of the | | |
| The new name must be distinguishable and contain the words | s"Limited Lizbility Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | e: | |
| (Principal office address MUST BE A STREET A | (DDRESS) | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY RE A POST OFFICE BO) | <u></u> | |
| B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address: | | |
| | | |
| _ | City . 1 (10) | ridaZip Code |
| New Registered Agent's Signature, if changing Regis | stered Agent: | |
| I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan | nd complete performance of my duties, and ed agent as provided for in Chapter 605, F stered office address, I hereby confirm that | Ham familiar with and |

If Changing Registered Agent, Signature of New Registered Agent

To: Division of Corporations Dept Of State Page 5 of 6 2018-07-12 20 39 58 (GMT)

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

| Title | Name | Address | Type of Action |
|-------------|---------------------|---|----------------|
| MGR | MILENA LOBO MITRAUD | 1395 Brickell Av. suitee 800 | P Add |
| | | Miami, FL 33131 | ☐ Remove |
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| ffective date, if other than the | date of filing: | (optional) filing or more than 90 days after filing.) Pursuant to 6 | |
| on effective date is listed, the date must lote: If the date inserted in this ble ocument's effective date on the De | ck does not meet the applicable stan | filling or more than 90 days after filling.) Pursuant to 6 utory filling requirements, this date will not be li | 05,020 sted a |
| e record specifies a delayed The 90th day after the reco | effective date, but not an eff rd is filed. | fective time, at 12:01 a.m. on the ear | iler c |
| ated | 2018 | | |
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| | avontue of a pumpher or multiprized reference | resentative of a member | |

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