L15000103296

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
. , , , ,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
,				
Certified Conies Certificates of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status				

Office Use Only



800399069308

12/19/22--01021--028 **25.00

3/1123 V.M

2022 DEC 19 PM 4: 11

COVER LETTER

Division of Corporations					
SUBJECT: F	ITCANDING BUS	SINIESS LIC	•		
SUBJECT: F	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	Josias	I CANDIDO			
		Name of Person			
		Firm/Company			
	206 FC	eedom CT Address			
	Deerfield	J Beach, FL 33 City/State and Zip Code	3442		
	E-mail address: (i	to be used for future annual report note	YU. CCS. Com		
For further informatio	n concerning this matter, please ca	all:			
TCS Nam	or AS J. CAUDID to of Person	at (<u>191</u>) <u>3179</u> Area Code Daytime	e Telephone Number		
Enclosed is a check fo	or the 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 Add		Street Address:	etion		
Registration Section Division of Corporations		_	Registration Section Division of Corporations		
P.O. Box 6327		The Centre of T	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe	2415 N. Monroe Street. Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AJCANDIOD BUSIN		
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our record liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L1500010309C</u> . This amendment is submitted to amend the following:	were filed on <u>CC/12/2</u>	215 and assigned
A. If amending name, enter the new name of the limited liabil	lity company here:	
BRAZILIAN SUGACING & WAXI The new name must be distinguishable and contain the words "Limited Liabili	-	, uc
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC	" or the abbreviation L.C."
Enter new principal offices address, if applicable:		F1 022 DEC
(Principal office address MUST BE A STREET ADDRESS)		9 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 4:16
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter</u>	the name of the new registered
rame or rew registered rigem.		
New Registered Office Address:	Enter Florida street address	
	nnier Florida street addres:	S
		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

Title	<u>Name</u>	Address	<u>\$</u>	Type of Action
<u>AMBR</u>	Adriana Teixeira S. Car	rd <u>ido</u>	206 Freedom CT	X JAdd
			Deerfield Beach, FL	□ Remove
			33442	□Change
				□Add
				🗆 Remove
				□Change
				□Remove
				□Change
				□Add
				□Remove
				□Change
				□ Add
				□Remove
				□Change
				□Add
		<u>_</u>		□Remove
				□Change

). If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
-	
-	
_	
_	
_	
-	
-	
-	
-	
-	
-	
-	
T3 000	
Note:	ive date, if other than the date of filing:
he recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	December 07, 2022.
	and of the
	December 07, 2022. Signature of a member or authorized representative of a member
	//
	Typed or printed name of signee