

L16000000 9521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

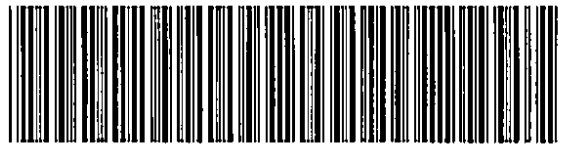
(Business Entity Name)

(Document Number)

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18 JUL 30 PM 6:33  
TALLAHASSEE, FLORIDA

AUG 06 2018

S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BRETHA 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:

PAULO FACTOR MENEGHETTI

\_\_\_\_\_  
Name of Person

SAFETY BUSINESS LLC

\_\_\_\_\_  
Firm/Company

6220 S O RANGE BLOSSOM TRAIL SUITE 600

\_\_\_\_\_  
Address

ORLANDO, FL 32809 - US

\_\_\_\_\_  
City/State and Zip Code

SUPPORT@SAFETYTAX.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULO FACTOR

at ( 407 ) 888 4747

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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)

☐ \$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

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TALLAHASSEE, FLORIDA

## BRETHA LLC

The Articles of Organization for this Limited Liability Company were filed on 01/13/2016 and assigned Florida document number L16000009521.

**A. If amending name, enter the new name of the limited liability company here:**

**Enter new principal offices address, if applicable:**

6220 S ORANGE BLOSSOM TRL

**(Principal office address MUST BE A STREET ADDRESS)**

STE 600

ORLANDO FL 32809

**Enter new mailing address, if applicable:**

6220 S ORANGE BLOSSOM TRL

***(Mailing address MAY BE A POST OFFICE BOX)***

STE 600

ORLANDO FL 32809

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

**New Registered Office Address:**

6220 S ORANGE BLOSSOM TRL

Enter Florida street address

ORLANDO

## Florida

32809

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*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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SYLOS, LUIZ GERALDO I	6220 S ORANGE BLOSSOM TRI	<input checked="" type="checkbox"/> Add
		STE 600	<input type="checkbox"/> Remove
		ORLANDO FL 32809	<input checked="" type="checkbox"/> Change
MGR	SYLOS, ELISENA R	6220 S ORANGE BLOSSOM TRI	<input checked="" type="checkbox"/> Add
		STE 600	<input type="checkbox"/> Remove
		ORLANDO FL 32809	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JULY 24 2018

Signature of a member of the Board of Directors

LUIZ GERALDO I SYLOS

Typed or printed name of signee