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(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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## **COVER LETTER**

TO: Registration S Division of Co			
BR Transp	oort USA		
SUBJECT:	Name of Lim	ited Liability Company	
	f Amendment and fee(s) are sub	<del>-</del>	
rease remining corresp	Delinette Cordeiro	to the following.	
		Name of Person	<del></del>
	Delinette Cordeiro		
	1104 Barronwood Rd		
		Address	
	Ococe, FL 34761		
	brenternriseusa@email.com	·	
			lication)
For further information	concerning this matter, please co	all:	
Delinette Cordeiro		407 453 8628 at ()	
Name	of Person	Area Code Daytime	e 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, F1, 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

BR Transport USA			
( <u>Name of the Limited</u> (A	Liability Compar Florida Limited L	iy as it now appears on our ro liability Company)	ecords.)
The Articles of Organization for this Limited Liab Florida document number 1.16000014893	ility Company	were filed on January 21, 2	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	<u>e limited liabi</u>	lity company here:	
BR Enterprise USA			
The new name must be distinguishable and contain the word	ls "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1104 Barronwood RD	
(Principal office address MUST BE A STREET ADDRESS)		Ococe, Fl. 34761	
			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		same as above	7 JUL 20
B. If amending the registered agent and/or registered agent and/or the new registered offic			ords, enter the name of the ne
Name of New Registered Agent:	Delinette Cordei	ro	
New Registered Office Address:	1104 Barronwoo		
•		Enter Florida street a	ddress
	Ococe		, Florida <u>34761</u>
		City	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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 orderss, 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
P	Valdair Cordeiro	1104 Barrondwood Rd	Add
		Ococe, FL 34761	<b>■</b> Remove
P	Delinette Cordeiro	1104 Barronwood RD	Add
		Ococe, FL 34761	□ Remove
			■ Change
			Add
			Remove  Remove  Remove  Remove  Remove  Remove  Remove
			□ Change
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Filing Fee: \$25.00