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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055

Phone : (407)898-1757

Fax Number

: (407)897-5336

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 BRMONTEIRO INVESTMENTS LLC

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K. SALY EXAMINER

COVER LETTER

IO: Registration Se Division of Cor			
SUBJECT:	BRMONTEIR	O INVESTMENTS LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	·
Please return all correspo	ondence concerning this matter	to the following:	
		ANDREA WOODARD	
		Name of Person	
		ABKCORP	
Firm/Company 3300 S HIAWASSEE RD STE 106			
		ORLANDO, FL 32835	
		City/State and Zip Code	
		RATIONS@ABKCORP.COM	
		to be used for future annual report n	ouncation)
For further information of	concerning this matter, please c	all:	
ANDREA WOODARD		407 at ()	898-1757
Name o	of Person	Area Code Day	time Telephone 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

) 2016 .	TILED
J. 0 J.	UNIO
- CLAHA	TARY OF STATE ISSEE, FLORIDA

	MONTEIRO INVESTMENTS LLC		
Namy of the Lh	mitted Llability Commons as it now appear (A Florida Limited Liability Company)	y un our records.)	
The Articles of Organization for this Limited	Liability Company were filed on	03/08/2016	and assigned
Florida document number L1600004	7582		
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, gater the new name	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the	e words "Limited Liability Company," the d	esignation."LC" or the at	previation "L.L.C,"
Enter new principal offices address, if app	licable:		
(Principal office address MUST BE A STRI	EET ADDRESS)		
Enter new mailing address, if applicable:		<u> </u>	
(Mniling address MAY BE A POST OFFIC	E BOX)		
	* ************************************		
B. If amending the registered agent as	ad/or registered office address on	our records, enter	the name of the ne
registered agent and/or the new registered		· 	
	CASTRO MONT	FÍRO. RENAN	
Name of New Registered Agent: CASTRO MONTEIRO, RENAM			
New Registered Office Address:	4370 COLON		
	Enter Flor	ida street address	
		, Florida	33463
	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. Estather 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 filled to merely reflect a change in the registered office address. I have by confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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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

Titic	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Castro Monteiro, Elisabete	4370 COLONY VIEW DR	1 m 444
		LAKE WORTH, FL 33463	
			☐ Remove
			☐ Change
			D Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			28 A
			HRAMOVE!
			D Remove
		.,	□ Change
			C Add
			☐ Remove
			☐ Change

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4 		*****	manina di Magalland a di Kori di Sasa di Carra		
			···		
Note: If the d	e, if other than the date of ue is liked, the date must be spec- late inserted in this block due fective date on the Departme	s not meet the applicab	can of filing or more	(optio le than 90 days after i requirements, this	nst) Ning.) Pursuant to 605.0207 (date will not be listed as t
ne record sp The 90th	pecifies a delayed effec day after the record is	tive date, but not a filed.	an effective th	me, at 12:01 a	.m. on the earlier of:
Dated	JUNE 27	2016	. A.		
			H		
			<u> </u>		
	Signatu	re of a member or authoria	sed representative o	t a simpler	

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