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SEORETARY OF STATE
TALLAHASSEE, TLORIDA

COVER LETTER

TO:	Reg Div	istration Secti ision of Corpo	on rations				
CUBI	ECT	BRAZIL PIZZ	ZĄ LLC				
SUBJ	ECT:		Name of Lim	ited Liability Company	,		
The er	nclosed	l Articles of Ar	nendment and fee(s) are sub	mitted for filing.			
Please	e return	all correspond	ence concerning this matter	to the following:			
			RODRIGO MARTINSON	i			
				Name of Persor	1		
			BRAZIL PIZZA LLC				
				Firm/Company	-		
	120 SW 250TH ST Address						
			NEWBERRY FL 32669				SEC.
				City/State and Zip C	lode		号 超
			RODRIGOMARTINSON	GMAIL.COM to be used for future an			1 33
For fu	ırther iı	nformation con	e-mail address: (cerning this matter, please c		muai report notific	zation)	SECRETANT SEE, TLORIUM 16 DEC -5 PM 4: 42
RODI	RIGO I	MARTINSON		415 at (9004659		_ *: +5
		Name of P	erson	Area Code	Daytime '	Telephone Number	`
Enclos	sed is a	check for the	following amount:				
■ \$2	25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Cop	у	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Status & y

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAZIL PIZZA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{11/14/2016}{1}$ and assigned Florida document number L16000209066 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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>	Address	Type of Action
AMBR	JOSEPH M ZARRILLO	15226 nw 150th apt 3056	■ Add
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Filing Fee: \$25.00