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## **COVER LETTER**

	Registration Se Division of Cor						
CHDIEC		STIMENTO WEALTH MAN	AGEMENT LLC				
SUBJEC	Т:		ited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	um all correspo	ndence concerning this matter	to the following:				
		MICHEL DE AMORIM					
			Name of Person				
	DRUMMOND CPA LLC						
	Firm/Company						
	601 BRICKELL KEY DR, SUITE 901						
			Address				
		MIAMI, FL 33131					
	City/State and Zip Code						
		MAMORIM@DRUMMON	IDADVISORS.COM to be used for future annual report no	nincanan)			
For furthe	r information c	oncerning this matter, please ca	•				
Mihcel de	: Amorim		781 770-0005 at ()	·			
	Name o	f Person	Area Code Daytit	ne Telephone Number			
Enclosed	is a check for th	ne following amount:					
\$25.0	0 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRL INVESTIMENTO WEALTH MANAGEMENT  (Name of the Limited Liability Comp. (A Florida Limited		annon sindali dell'accellaci di sindani di santini di
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000092588	were filed on <u>04/26/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
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)	والمنافظة والمستقد والمستقد والمستقدة والمستقدات والمستقدة والمستق	ann air de an de dir dir de une de Lande de de décide de des rétrains de Meion de des rétrains de décide de la
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B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		enter the name of the new
New Registered Office Address:		SE AL
THE PROGRAMME AND	Enter Florida street address	CAR SE
	, Flo	rida Zin Koto Summe
New Registered Agent's Signature, if changing Registered Agent	L	THE STATE OF THE S
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, F	I I am familiae with and [1]. S. Or, if this document is

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
MGR	CARLOS HAWKER	701 Brickell Key Blvd, Apt 402	
		Miami, FL 33131	Remove
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			П Ветюче
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