L170000139586

(Re	equestor's Name)
(Ac	ddress)
(Ac	idress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	AUG 1 8 2023
	

Office Use Only



500412488035

07/24/23--01011--026 **25.00



COVER LETTER



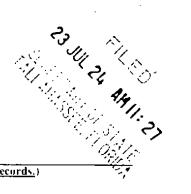
TO: Registration Section **Division of Corporations**

ORFEU U: SUBJECT:	SA LLC			
<u> </u>	Name of Limi	ted 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:		
	PATRICIA NUNES			
		Name of Person		
	TAX SOLUTIONS & BOO	OKKEEPING		
Firm/Company				
	7751 KINGSPOINTE PKV	VY STE 119		
		Address		
	ORLANDO, FL 32819			
		City/State and Zip Code		
	TAXES.SOLUTIONS100@	OGMAIL.COM o be used for future annual report notifi		
For further information c	concerning this matter, please ca		Canoni	
PATRICIA NUNES		407 930-0829		
Name o	of Person	at ()	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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ORFEU USA 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 06/27/2017 and assigned
Florida document number L17000139586	 -
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
BURA INVESTMENT LLC	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent: N/A	
New Registered Office Address:	Enter Florida street address
	Elorido
-	. Florida Zip Code
New Registered Agent's Signature, if changing Register	red Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited liability e.
	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>	Name	Address	Type of Action
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		□Change	
			□Add
			Remove
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			□Change

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an ellecti	date, if other than we date is listed, the date the date inserted in th	e must be specific a	ind cannot be pro	or to date of film	g or more than 90.	days after filing.)	
	is effective date on t				titinig requirem	ients, tms date v	an not be listed a
record spite spites.	pecifies a delayed eff	ective date, but n	ot an effective	time, at 12:01	a.m. on the earl	ler of: (b) The	90th day after the
ated	th MAY		2023				
		Lista	Leun	18			
		Signature of	a memoer of aut	monzea teptesei	native of a membe	rt.	
	LUIS DJALMA F						

Filing Fee: \$25.00