## 117000145550

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(Add	lress)
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## **COVER LETTER**

TO:

Registration Section

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Div	ision of Corp	porations		
SUBJECT:		SERVICES BRAZIL LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		ELIWAR DECARVALHO	)	
			Name of Person	<u> </u>
		ERC CONSULTING INC		
			Firm/Company	<del></del>
		4699 N FEDERAK HWY.	SUITE 102 E	
		-	Address	
		POMPANO BEACH, FL.	33064	
			City/State and Zip Code	
		ELIWAR@COMCAST.NE		
		E-mail address: (	to be used for future annual report	notification)
For further in	iformation co	oncerning this matter, please co	ill:	
			at ()	
	Name of	Person	at ()	time Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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)
	MAILI	NG ADDRESS:	STREET/COU	JRIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GENERAL SERVICES BRAZIL LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000145550	were filed on <u>07/06/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		- 次計 <u>ω</u> 🏴
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		# <b>Q</b>
B. If amending the registered agent and/or registered of	· <u>-</u>	nter the name of the new
registered agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:	<del>-</del>	
New Registered Office Address:		
	Enter Florida street address	
	Floris	la

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.

Cuy

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	ALEX AUGUSTO BEZERRA	3080 N COURSE DR APT 803	<b>=</b> Add
		POMPANO BEACH FL 33069	Remove
		<del></del>	
			Add
			Remove
			Change
			Add
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Effective date, if other t (If an effective date is listed, th <u>Note:</u> If the date inserted document's effective date	in this block does not	ng:nd cannot be prior to date of filing of meet the applicable statutory for State's records.	option (option or more than 90 days after fil illing requirements, this d	al) ing.) Pursuant ate will not b	to 605.0 pe listed	0207 (3 d as th
the record specifies a ) The 90th day after		date, but not an effectiv I.	'e time, at 12:01 a.r	n. on the	earlie	r of:
Dated July 25		2017		ALLA ALLA	2017 JL	-T
Ellen 1	Car Oline	. b. O		#XS	<u>)                                    </u>	-
<u> </u>	Signature of a	n member or authorized representa	tive of a member		<del></del>	2.1. 1
ELL EN K DO	S REIS OLIVEIRA				10 <sup>1</sup> 01 HY	
ELLEN K DO	S REIS CELLETON			(2.	ب	

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Filing Fee: \$25.00