L17000171634

(Requestor's Name)	
(Address)	
(Address)	•
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

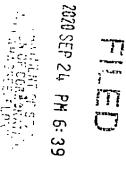
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COVER LETTER

	Registration S Division of Co			
SUBJEC		BRAZIL LLC		
SOUTE	··	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all corresp	ondence concerning this matter	to the following.	
		CHRISTIAN CALUSA		
			Name of Person	ed for filing. The following. Name of Person Firm/Company 8-390 Address 32701 ity/State and Zip Code used for future annual report notification) at (407
		OPISAS BRAZIL LLC		
			Name of Person Firm/Company #108-390 Address FL 32701 City/State and Zip Code Dec used for future annual report notification) II:	
		478 E ALTAMONTE DR	#108-390	Daytime Telephone Number \$60.00 Filing Fee. Certificate of Status & Certified Copy
			Address	
		ALTAMONTE SPRINGS	5, FL 32701	
			City/State and Zip Code	
		accounts@opisas.com		
For furthe	r information :	E-mail address: (concerning this matter, please c	·	ication)
		concerning this matter, prease c	an.	
DANIELI 	E KODRIC		at ()	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for t	he following amount:		
\$25.00	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

OPISAS BRAZIL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A 1 lu	rida Emiried Liaotiny Company)	200
The Articles of Organization for this Limited Liability	Company were filed on 08/11/2017	and assigned
Florida document number L17000171634	·	* *
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on our records <u>ldress here</u> :	. enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	Zıp 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. 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	OPISAS, LLC	217 N WESTMONTE DR	
		STE 2018	□ Remove
		Altamonte Springs, FL 32714	Change
			☐ Remove
			☐ Change
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
			Add
			☐ Remove
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Note:	ive date, if other than the fective date is listed, the date in this art of the date in the fective date on the fective date on the fective date.	s block does not m	eet the applicable s	e of filing or more that statutory filing requ	(optional) n 90 days after filing) Pursirements, this date will i	want to 605.020 not be listed as
ne re The	cord specifies a delay 90th day after the r	ved effective da ecord is filed.	ate, but not an	effective time,	at 12:01 a.m. on t	he earlier o
Dated	September 11th	<i>-</i> -2	2020			
4160		7//	7//	>		
		11/	M.	representative of a m		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00