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(Requestor's Name)	
(Address)	100370489061
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	07/23/2101006002 **25.00
(Document Number)	
Certified Copies Certificates of Status	(D)
Special Instructions to Filing Officer:	
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Office Use Only S.C.

COVER LETTER

TO: Registration Se Division of Cor			·	
Briutcare I	.LC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter			
	Jacky Zeigen			
		Name of Person		
	Briutcare LLC			
		Firm/Company		
	19707 Turnberry Way #81	3		
		Address		
	Aventura, FL 33180			
		City/State and Zip Code		
	jacky@briutcare.com			
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report notifi	ication)	
Jacky Zeigen	oncerning this matter, preuse e	786 797-4701		
	CD	at ()	Talankara Nambara	()
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee;> Certificate of Status & Certified Copy (additional copy is inclosed)	•
Mailing Addres		Street Address: Registration Sec	tion	
Division of C		Division of Corp	porations	
P.O. Box 632		The Centre of Ta		
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Briutcare LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited I Florida document number L17000189900	Liability Company	were filed on 09/07/2017	and ass	signed
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L	.L.C."
Enter new principal offices address, if applicable:		19707 Tumberry Way #8B		
Principal office address MUST BE A STREET ADDRESS)		Aventura, FL 33180		
Enter new mailing address, if applicable:		19707 Tumberry Way #8B		
Mailing address MAY BE A POST OFFICE	(BOX)	Aventura, FL 33180		
B. If amending the registered agent and/or agent and/or the new registered office addre	_	address on our records, enter the	name of the ne	(i) w register
Name of New Registered Agent:	Jacky Zeigen		r 3	
New Registered Office Address:	19707 Turnber	 	<u> </u>	<u>.</u>
	Aventura	Enter Florida street address , Florid	 ≥ 33180 =	
		City	Zip 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>	Name	Address	Type of Action
AMBR	Jacky Zeigen	19707 Tumberry Way	□Add
		Aventura, FL 33180	□ Remove
			□Add
			□ Remove
			☐ Change
		□ Add	
		\ Remove	
			☐ Change
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			□Change
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Tective date if other than t	ne date of filing:	(ontional)
	ust be specific and cannot be prior to date of filing or m	
ocument's effective date on the	block does not meet the applicable statutory filin Department of State's records.	1.0
		24
record specifies a delayed effect is filed.	ive date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
July 20	2021	
		6
	Signature of a member or authorized representative	e of a member

Filing Fee: \$25.00