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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Brazilian Cle	eners Services LLC
Name (Elimited Liability Company
The enclosed Articles of Amendment and fee(s) at	e submitted for filing.
Please return all correspondence concerning this n	atter to the following:
Pablo S	entos de Freitas
	Name of Person
Brazilian	Oleaners Services LLC
	Firm/Company
9676	avernier Drive
	Address
Boca Ra	Pen, Florida, 33496
,	City/State and Zip Code
brazilian E-mail add	rese: (to be used for liture annual report notification)
For further information concerning this matter, ple	
Tablo Santos de Freita	561 5 at 479 88 3 3
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee South Sand State S25.00 Siling Fee South State S25.00 Filing Fee South Sand Sand Sand Sand Sand Sand Sand Sand	

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

(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 11 - 03 - 2017 and assignment of the Articles of Organization for this Limited Liability Company were filed on 11 - 03 - 2017 and assignment of the Limited Liability Company were filed on 11 - 03 - 2017 and assignment of the Limited Liability Company were filed on 11 - 03 - 2017 and assignment of the Limited Liability Company were filed on 11 - 03 - 2017 and assignment of the Limited Liability Company were filed on 11 - 03 - 2017 and assignment of the Limited Liability Company were filed on 11 - 03 - 2017 and assignment of the Limited Liability Company were filed on 11 - 03 - 2017 and assignment of the Liability Company were filed on 11 - 03 - 2017 and assignment of the Liability Company were filed on 11 - 03 - 2017 and assignment of the Liability Company were filed on 11 - 03 - 2017 and assignment of the Liability Company were filed on 11 - 03 - 2017 and assignment of the Liability Company were filed on 11 - 03 - 2017 and assignment of the Liability Company were filed on 12 - 03 - 2017 and assignment of the Liability Company were filed on 11 - 03 - 2017 and assignment of the Liability Company were filed on 12 - 03 - 2017 and assignment of the Liability Company were filed on 12 - 03 - 2017 and assignment of the Liability Company were filed on 12 - 03 - 2017 and assignment of the Liability Company were filed on 12 - 03 - 2017 and assignment of the Liability Company were filed on 13 - 03 - 2017 and assignment of the Liability Company were filed on 13 - 03 - 2017 and assignment of the Liability Company were filed on 13 - 03 - 2017 and assignment of the Liability Company were filed on 13 - 03 - 2017 and assignment of the Liability Company were filed on 13 - 03 - 03 - 03 - 03 - 03 - 03 - 03 -	med
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Florida document number L17000228225.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.	.C."
Enter new principal offices address, if applicable:	5.00
(Principal office address MUST BE A STREETADDRESS)	<u> </u>
Enter new mailing address, if applicable:	···
(Mailing address MAY BE A POST OFFICE BOX)	· ·
<u> </u>	
B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:	f the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
Florida	
Florida 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 amendin	g Authorized Person(s) autho I from our records:	rized to ma	anage, enter the title, name, and address of each	person being added
MGR = M $AMBR = A$	Aanager Authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	Moises Fre	tos	7476 Harness Way	🗆 Add
			7476 Harness Jay Delaware, Ohio -43015	Remove
				Change
MGR	Pablo Santos Fr	eitas	9676 Tavernier Dr Boca Raton, Florida-3349	X Add
		Boca Raton, Florida-3349	6_□ Remove	
			· · · · · · · · · · · · · · · · · · ·	☐ Change
				□ Remove
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famending any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)	
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ffective date, if other than the date o	of filing: 11 - 21 - 2017 (optional)	
an effective date is listed, the date must be spectore: If the date inserted in this block document's effective date on the Department.	cific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant is not meet the applicable statutory filing requirements, this date will not be ent of State's records.	to 605,0207 e listed as
e record specifies a delayed effec The 90th day after the record is	tive date, but not an effective time, at 12:01 a.m. on the effiled.	arlier of
Dated 11-21-2017	1:15 pm	
	tre of amember or authorized representative of a member	<u>—</u>
Signatu	actor amender or aumorized representative or a member	
<u>table</u>	Typed or printed name of signee	_
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