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2019 JAN -2 PH 4: 25

C. GOLDEN JAN 1 1 2019

## **COVER LETTER**

TO: Registration S Division of Co			
B & C FR SUBJECT:	REIGHT LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ELIWAR DECARVALHO		
	ERC CONSULTING INC	Name of Person	
	4600 NI EEDEDAL HIAN SI	Firm/Company	
	4699 N FEDERAL HWY SI	JITE 102E	
	POMPANO BEACH, FL 33	Address 064	
	ELIWAR@COMCAST.NET	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Name	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for	the 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 JAN -2 PM 4: 25

**B&CFREIGHTLLC** 

(Name of the Limited Liability Company as it now appears on our records.) ALLAHASSEE, FI

The Articles of Organization for this Limited Liability	y Company were filed on 11/14/2017	and assigned		
Florida document number L17000235520				
This amendment is submitted to amend the following	r.			
A. If amending name, enter the new name of the l	limited liability company here:			
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1			
B. If amending the registered agent and/or re registered agent and/or the new registered office a	E.	rds, <u>enter the name of the new</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
<del></del>		Florida		
	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>	<u>Name</u>	Address	Type of Action
MGR	ANTONIO C BRASIL	2206 S CYPRESS BEND DR APT 402	
		POMPANO BEACH, FL 33069	
			■ Remove
			□ Change
MRG	ELAYNE K DENIZ	114 ROYAL PARK DR APT 1F	
	<del></del>	OAKLAND PARK, FL 33309	Add
			☐ Remove
			Change
			Add
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E. Effective date, if	other than the d	ate of filing:			(optional)	
Note: If the date	listed, the date must b inserted in this bloc ive date on the Dep	k does not meet t	he applicable sta	of filing or more than itutory filing requi	90 days after filing.) Pur rements, this date will	suant to 605,0207 (3) not be listed as the
f the record speci b) The 90th day			but not an e	ffective time, a	at 12:01 a.m. on	the earlier of:
Dated	ER 26	20	18			
	111 2					
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Typed or printed name of signee

Filing Fee: \$25.00