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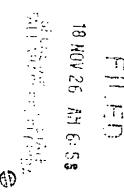
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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COVER LETTER

BRAZILIA SUBJECT:	N LUMBER LLC		
Sobject.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LAURA BASILI		
		Name of Person	
	BRAZILIAN LUMBER I.	I.C	
		Firm/Company	
	724 AURELIA STREET		
	<u></u>		
	BOCA RATON, FL 33486		
	MARCELA@PTAXAGEN	City/State and Zip Code TS.COM	·
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
MARCELA CRUZ		954 305-3458	
Name of	Person		Telephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section
Division of Corporations

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

BRAZILIAN LUMBER LLC				
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ippears on our records.)			
The Articles of Organization for this Limited Liability Company were filed or	on 01/25/2018 and assign	and assigned		
Florida document number L18000023109				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability compa	ny here:			
The new name must be distinguishable and contain the words "Limited Liability Company,"	" the designation "LLC" or the abbreviation "L.L.C	n		
Enter new principal offices address, if applicable:	### 25			
(Principal office address MUST BE A STREET ADDRESS)	AO SE	11		
	102 20			
	Jr.	Ti		
Enter new mailing address, if applicable:	11. S	_;		
Mailing address MAY BE A POST OFFICE BOX)	्रे ा ट अ			
	QD .			
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: Name of New Registered Agent:	s on our records, enter the name of	the r		
New Registered Office Address:	er Florida street address			
	Madd.			
City	, 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 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	ANDRES F. ORTEGON PARRA	724 AURELIA STREET	
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		BOCA RATON, FL 33486	Remove
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fective date, if other than the date of filing:			(op	tional)		
n effective date is listed, the date must be specific and cannot be prio te: If the date inserted in this block does not meet the applic	or to date of cable statu	filing or more the tory filing rec	ıan 90 days af	er filing.) Pun	suant to t	605.02 isted
cument's effective date on the Department of State's records	S.			•		
record specifies a delayed effective date, but no	ot an eff	ective time	. at 12·01	a.m. on t	the ear	rlier
The 90th day after the record is filed.	0.01.01.		, 40 12.01	dini. Oir	ciic cai	inci
NOVEMBER 6 2018						
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Typed or printed name of signee