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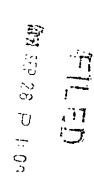
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COVER LETTER

TO: Registration S Division of Co					
JLC BRAZ	ZILIAN FOODS LLC				
sobster.	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub	•			
Treme retain an extresp	Felipe Mardakis	to the Madering.			
		Name of Person			
	Prime Accounting and Cor	nsultancy, LLC			
		Firm/Company			
	7345 W. Sand Lake Rd., S	• •			
		Address			
	Orlando, FL 32819			Pri my month p	h. - -
	info@primeaccounting.com	City/State and Zip Code		70 20 20	,
	E-mail address: (to be used for future annual report notif	ication)	Ü	H
For further information of	concerning this matter, please c	all:		-::-	
Felipe Mardakis		407 232-6777 at ()		. Oa	
Name o	of Person		Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

JLC BRAZILIAN FOODS LLC

(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ned Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{1.18000117237}{1.000117237}$.	oany were filed on 05/09/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
BE YOU GRAPHIC DESIGN, LLC		
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		<u> </u>
Enter new mailing address, if applicable:		: ¹ 0
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		- U .
B. If amending the registered agent and/or registered	d office address on our records, enter	the name of the nev
registered agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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
			Remove
			Change
			Add
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record specifies a delayed effec he 90th day after the record is		ot an effective	time, at 12:01 a	.m. on the ea	arlier o
ed September 25th	. 2018	·			
Jose J Caralca Signatu	. 5				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00