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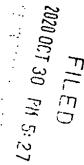
		
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	AZILEIRA, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EDNA MENDEZ		
		Name of Person	
	EMPIRE BUSINESS & TA	AX ADVISORS, LLC	
		Firm/Company	
	120 BROADWAY AVE S	UITE 302	
		Address	
	KISSIMMEE, FL 34741		
		City/State and Zip Code	
	ednamendez@empirebta.co	m to be used for future annual report not	
m na a a a			incation)
•	concerning this matter, please c	au:	
EDNA MENDEZ		407 613-0850 at ()	
Name o	of Person	at () Area Code Daytin	ne 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration Sc	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 631	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASA BRAZILEIRA, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recor Liability Company)	<u>(ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 10/22/2020	and assigned
Florida document number 4.18000271465		202
This amendment is submitted to amend the following:		F1L1 2020 OCT 30
A. If amending name, enter the new name of the limited liab	ility company here;	NO PROFILED
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	•
Enter new principal offices address, if applicable:	6318 OAK MEADOW BENI	27
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32819	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6318 OAK MEADOW BENE ORLANDO, FL 32819)
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	200
	F	lorida
	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
AMBR	DENIS SACCOMANNO	6318 OAK MEADOW BEND	□Add
		ORLANDO, FL 32819	□Remove
			= Change
AMBR	THATIANE A SACCOMANNO	6318 OAK MEADOW BEND	
		ORLANDO, FL 32819	200 DC TRUE E
			□ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
			□Remove
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Filing Fee: \$25.00