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COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	Brisas Sauve	s, LLC	7	•
SOBJECT.		Name of Lin	nited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Joseph Flynn		
			Name of Person	
			Firm/Company	
		26571 Raphis Royale Blvd	i	
			Address	
		Englewood, FL 34223		
			City/State and Zip Code	-
		jflynn064@gmail.com	to be used for future annual report n	otification
For further in	formation co	icerning this matter, please e	•	ottheation)
Stephen K. B	loone		941 488-6716	
Name of Person		at () Area Code Dayt	ime Telephone Number	
Enclosed is a	check for the	following amount:		
≅ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address:	ection	Street Address:	action
Registration Section Division of Corporations		Registration Section Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brisas Sauves, LLC (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 10/25/19 and assigned Florida document number _____L19000268020 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Brisas Suaves, LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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

AMBK = A	KUOLISEG MEMOCI	Address	Type of Action
<u>Title</u>	<u>Name</u>		□Add
			□Remove
			UKCHOYC
			Change
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Page 2 of 3

D. If amending any other informa	non, enter change(s) here.	. (лиск иштопи).	neers, y necessary.	
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applical	o date of filing or more th ble statutory filing requ	(optional) an 90 days after tiling.) Pursuant to 6 uirements, this date will not be l	605.0207 (3)(isted as the
the record specifies a delayed) The 90th day after the rec		an effective time,	at 12:01 a.m. on the ear	rlier of:
November 26	2019			
	M Boone	_ ·		
<u></u>	Signature of a member or author	rized representative of a r	nember	
Stonken Rooms Davisto	red Agent, on behalf of Josepl	h Flynn Marabar		
Stephen Booke, Registe	•	I name of signee		