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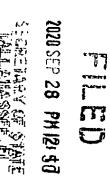
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## **COVER LETTER**

TO: Registration Se Division of Cor				
	BRITO MANAGEMENT SER	VICES, LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ERIKA INMACULADA	BRITO		
		Name of Person		
	NAVA & BRITO MANA	GEMENT SERVICES, LLC		
	Firm/Company			
	8275 NW 7 ST			
		Address	<del></del>	
	MIAMI FL 33126			
		City/State and Zip Code	<del> </del>	
	ebi,dn.eb@gmail.com			
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report not	ification)	
ERIKA INMACULADA	-	786 816.7440		
	TPerson	at ()	42.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
Name o	i Person	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 tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration 9		Street Address: Registration Se	ction	
Division of C	Corporations	Division of Cor		
P.O. Box 632		The Centre of T	l'allahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAVA & BRITO MANAGEMENT SERVICES, 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  $\frac{02/28/2020}{2}$ \_ and assigned Florida document number 84-5080054 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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.

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
AP	KELVINS JOSE NAVA	8275 NW 7 STMIAMI, FL 33126 ES	□Add
			Remove
			□Change
MGR	ERIKA INMACULADA BRITO	8275 NW 7 STMIAMI, FL 33126	
			Remove
			□Add
			□Remove
			SER 288
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