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(Re	equestor's Name)	
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2022 JUN 29 PM 4: 09
SECRETARY OF STATE

2022 JUN 29 PH 3: 45

A. BUTLER
JUN 2 9 2022

COVER LETTER

TO:

Registration Section

Division of Con	rporations		
	IRANCE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	HEMIS BORSINI		
		Name of Person	
		Firm/Company	
	2651 NW 84TH AVE AP	Т 102	
		Address	
	MIAMI, FL 33122		
		City/State and Zip Code	
	arisborsini25@gmail.com		
	E-mail address:	to be used for future annual report noti-	fication)
For further information c	oncerning this matter, please c	all:	
HEMIS BORSINI		786 448-5456 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Con The Centre of Te 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILED TO

BGS INSURANCE LLC

2022 JUN 29 PM 4: 09

(Name of the Limit	ted Liability Compa (A Florida Limited	iny as it now appea Liability Company)	OF STANKY OF STANKY	 FATF
The Articles of Organization for this Limited L	iabilitu Camman.	61.4 02	IMEL VENEZAZEK	C)
	iability Company	were filed on		_ and assigned
Florida document number L20000083870	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company h	ere:	
BRUNELLO SERVICES LLC				
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the	designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE	T ADDRESS)			
		N1/4		
Enter new mailing address, if applicable:		N/A		 -
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	egistered office as here: N/A	address on our r	records, <u>enter the name o</u>	f the new registered
New Registered Office Address:	N/A			
		Enter Flo	rida street address	
			, Florida	
		City	 '	Zip Code
New Registered Agent's Signature, if changing F	Registered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of	er and complete stered agent as p registered office	performance of provided for in (fmy duties, and I am fam Chapter 605, F.S. Or, if t	iliar with and his document is
	If Chan	oing Pagistared An	east Signature of New Projects	and & name

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
		-	□Change
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Filing Fee: \$25.00