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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.

Account Number : I20190000096 : (407)745-1112 Fax Number ; (407)641-8083

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: acc@expatconsulting.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOTECO BR RESTAURANT LLC

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TO: Registration Section

Tallahassee, FL 32314

COVER LETTER

Division of Cor	porations			
	BRRESTAURANTLLC			
SUBJECT:	Name of Lin	ited 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:		
	NILTONFREGNI			
		Name of Person		
	EXPATCONSULTINGC	ORP		
		Firm/Company		
	8615COMMODITYCIR	#11		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Address	· · · · · · · · · · · · · · · · · · ·	
	ORLANDO,FL32819			
		City/State and Zip Code	······································	
	accla expatconsulting.com E-mail address: (to be used for future annual report not	iffication)	
For further information c	oncerning this matter, please c			
NILTON FREGNE		407 7451112		
Name o	f Person	at () Area Code Duytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		<u>Street Address:</u> Registration Sc		
Division of C	Corporations	Division of Co	rporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

DocuSign Envelope ID: 13140836-E817-4A20-B367-F7BCA7E9216E ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

OF 2020 JU 125 ANNO: 16

If Changing Registered Agent, Signature of New Registered Agent

BOTECO BR RESTAURANT LLC					
(Name of the Limited Linh) (A Florie	itity Company ida Limited Lia	as it now ar bility Compa	onears on our I iny)	records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L20000161562</u>	Company w	ere filed o	06/10/2020	<u></u>	_ and assigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liabili	ty compan	y here:		
The new name must be distinguishable and contain the words "Li	imited Liability	Company,	the designation	"LLC" or the abbi	eviation "L L.C."
Enter new principal offices address, if applicable:		n/a	.		
(Principal office address MUST BE A STREET ADD	DRESS)				
Enter new mailing address, if applicable:		n/a			<u>. </u>
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or register agent and/or the new registered office address here:		dress on o	our records, g	enter the name	of the new registered
Name of New Registered Agent: n/a					
New Registered Office Address:	Emer Florida street address				
				_, Florida	
		City	•	-	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:				
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	l complete p l agent as pr cred office a	erformano ovided for	e of my duti in Chapter	es, and I am fa 605, F.S. Or. if	niliar with and this document is

DocuSign Envelope ID. 13140836-E817-4A20-B367-F7BCA7E9215E 11 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

2020 Jt . 25 AT 10: 16

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LUIZ CARLOS B DOS REIS	5135 INTERNATIONAL DR UNIT #11/12	= Add
		ORLANDO, FL 32819	□Remove
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			🗖 Add
			□Remove
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			🗆 Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change

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D. If amending any other inform		440 JU 2	5 4.10:16	
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<u>.</u> .				
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the record specifies a delayed effectord is filed	tive date, but not an effective time, a	at 12:01 a.m. on the earli	er of: (h) The 90th day after	· the
Dated	, 2020			
DocuSigned by:	Magnature of a member or authorized	l representative of a membe	r	
	NTOS, JOSE EDUARDO			
	Typed or printed na	me of signee		

Filing Fee: \$25.00