

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H200001968173)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.
Account Number : 120190000096
Phone : (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

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BOTECOBRE RESTAURANT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NILTON FREGNI

Name of Person

EXPAT CONSULTING CORP

Firm/Company

8615 COMMODITY CIR #11

Address

ORLANDO, FL 32819

City/State and Zip Code

acct@expatconsulting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NILTON FREGNI

407 7451112
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF 2020 JUL 25 AM

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 13140836-E817-4A20-B367-F78CA7E9215E

DocuSign Envelope ID: 13140836-E817-4A20-B367-F7BCA7E9215E
If attending 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 JUL 25 AM 10:16

[illegible]

DocuSign Envelope ID: 13140836-E817-4A20-B367-F7BCA7E9215E

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

4.49 JUL 25 AM 10:16

E. Effective date, if other than the date of filing: _____ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the record is filed

Dated June 23, 2020

DocuSigned by:

DocuSigned by:

 EJC67AA262B44

REF ID: A6262544

Signature of a member or authorized representative of a member

MORALES DOS SANTOS, JOSE EDUARDO

Typed or printed name of signee

Filing Fee: \$25.00