## 120000185196

(Req	uestor's Name)	
(Add	lress)	
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(City	/State/Zip/Phone	e #)
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22 FEB 10 THI2: 57

T. MATTHEWS FEB 28 2022

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Divi	sion of Cor	porations		
EUD HEZT.	Brageh LLG	C		
SUBJECT	<del></del>	Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Fabrizio Lengua		
		<del></del>	Name of Person	<del></del>
		ZenBusiness INC.		
			Firm/Company	<del></del>
		5514 Parkerest Dr. Suite 1	0.3	
			Address	
		Austin, TX 78731		
			City/State and Zip Code	<del></del>
		fulfillment@zenbusiness.cc		
		E-mail address: (	to be used for future annual report not	lification)
For further in	formation c	oncerning this matter, please co	all:	
Fabrizio Len	gua		512 237-7349 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Englosed is a	about for th	ne following amount:		
		-		
■ \$25.00 F	iling 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)
<b>9</b> # = 10	15 A .A.A		C	
	ling Addres distration S		<u>Street Address:</u> Registration Se	ection
Div	ision of C	orporations	Division of Co	rporations
P.O	. Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FEB 10 P.112: 57

(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	rus.)
The Articles of Organization for this Limited Liability Company Florida document number 1.20000185196	were filed on 2020-07-01	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	Hity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	765 17th Street	
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, FL 33139	
	<del></del>	
	765 17d. Ca.	
Enter new mailing address, if applicable:	765 17th Street	
Mailing address MAY BE A POST OFFICE BOX)	Miami Beach, FL 33139	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registe
igent and/or the new registered office address here:		
Name of New Registered Agent:		· ···
New Registered Office Address:		
The The State of the Fidules.	Enter Florida street addr	ess
	, Florida	
	, F	lorida
	City , F	Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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:

or removed	from our records:		
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
		<del></del>	□Remove
		<del> </del>	□ Change
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Note: If the date inserted in the	the date of filing:	Pursuant to 605.0207 /ill not be listed as
ne record specifies a dela The 90th day after the	yed effective date, but not an effective time, at 12:01 a.m. or ecord is filed.	n the earlier of
Dated	. 2022	
	/S/ Alexandre H. Bustamante	
	Signature of a member or authorized representative of a member	<del>_</del>

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Filing Fee: \$25.00