LZD000244678

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(F	Requestor's Name)
A)	Address)
۹)	Address)
(0	City/State/Zip/Phone #)
	WAIT MAIL
(E	Business Entity Name)
(Ē	Document Number)
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12/17/20--01008--001 **25.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

November 23, 2020

MARIA M CALDAS 12811 KENWOOD LANE, STE 208 FORT MYERS, FL 33907

SUBJECT: USA&BR DEAL, LLC. Ref. Number: L20000244678

We have received your document for USA&BR DEAL, LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 920A00023618

		• •	COVER LETTER	
TO:	Registration Section Division of Corporations			
SUBJI	ECT:		BR Des LLC	

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

Please return all correspondence concerning this matter to the following:

Mania M. Calda - Lupes		
Made In Brazil Services		
Firm/Company		
12811 Kenwood lane Suite 208		
Jont Myers IL. 33407		
City/State and Zip Code		
made Inbrazil services (2) hotmail.com		
<u>madeInbrazilServices (hotmail.com</u> E-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

Maria M. Caldas - Lopes. Name of Person _____at (<u>239</u>) <u>362 - 3121</u> Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

Street Address:

Registration Section

Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

RECEIVED

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

Tallahassee, FL 32303 고문에 만나가요?

903 : 1076

ARTICLES OF C	AMENDMENT . O ORGANIZATION OF
<u>(Name of the Limited Liability Compa</u> (A Florida Limited	Daal IIC any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>20000244678</u> .	were filed on 08/10/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u> The new name must be distinguishable and contain the words "Limited Liabi	N/A
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	15625 Ocean Walk Circle Apt #302 Fort Myers, FL 33908
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	. 13961 Lake Mahogany Blvd. Apt # 2714 Fort Myens, AL. 33907
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	The second se
I haraby accept the appointment as registered agent and agr	ge to act in this canacity I further agree the commended with the

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 the 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.

N/A If Changing Registered Agent, Signature of New Registered Agent If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
\rightarrow			🗆 Add
			□Change
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_ 		<u> </u>	🗇 Add
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			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Effective date, if other than the date of filing:	N/A	(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) <u>Note:</u> 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: (b) The 90th day after the record is filed.

Dated	10/13		
		all unif	(MGR)
	Si	gnature of a member or authorized rep	resentative of a member
	Rafael	Nicolini Jemandre	5

Filing Foot \$75.00