L20000342852

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(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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T. MATTHEWS APR - 4 2022

COVER LETTER

TO:	Registration Se Division of Cor		t	
SUBJ	ECT: 🕴 BR HO	OLDINGS GRP LLC		
			ited Liability Company	
The er	nclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
PAULO JOSE CASSEB				
			Name of Person	
		-	Firm/Company	
	1950 NW 93RD AVE			
		-	Address	
			DORAL FLORIDA,33172	2
			City/State and Zip Code	
			HOLDINGSGRP@GMAIL.C	
For fu	rther information co	E-mail address; (i oncerning this matter, please ca	to be used for future annual report not all:	fication)
	SHANE HE	MAUREON		005
	Name of		at (<u>407</u>) 341-6 Area Code Daytin	005 ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
	25.00 Filing Fee	EXS30.00 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, I	Section orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BR HOLDINGS GRP LLC

22 | 3 | 3 | 5 |

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on OCTOBER 28 2020 and assigned Florida document number L20000342852 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	PAULO JOSE CASSEB	1950NW 93RD AVE DORAL FL, 33172	(X Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			Change

,	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	
Note:	ive date, if other than the date of filing: [cetive 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them;'s effective date on the Department of State's records.
he reco ord is f	rd 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 led.
Dated	MARCH 18TH . 2022 . Shadha
	Signature of a member or authorized representative of a member
	MGR SHANE HENDERSON
	Typed or printed name of signee

Filing Fee: \$25.00