

L21000052124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

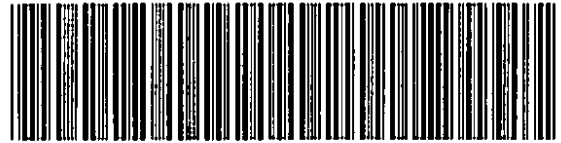
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21 APR 16 AM 10:02
DIVISION OF REVENUE
TAXATION

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BRAZIL GIRLS MAP ENTERTAINMENT 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:

Heitor Miguel

Name of Person

Pedro Miguel Business Consulting LLC

Firm/Company

501 East Olas Blvd. Suite 300

Address

Fort Lauderdale, Florida, ZIP 33301

City/State and Zip Code

adm@pedromiguel.biz

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

For further information concerning this matter, please call:

Heitor Miguel

786 2576748
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**

21 APR 16 AM 10:02

BRAZIL GIRLS MAP ENTERTAINMENT LLC

(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 01.28.2021 and assigned
Florida document number L21000052124.

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)

501 East Olas Blvd. Suite 300

Fort Lauderdale, Florida, ZIP 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

501 East Olas Blvd. Suite 300

Fort Lauderdale, Florida, ZIP 33301

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

Florida

City

Zip Code

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.

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

2016 APR 16 10:02 AM
DIVISION OF CORPORATE AFFAIRS

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ORPHEOUS NELSON	200 East, 82nd, Suite 9J, New York, NY ZIP 10028.	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WINSTON H. BRAITHWAITE	264 Seaview Avenue, Jersey City, NJ, ZIP 07305	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MILTON BUENO DA SILVA NE	Rua Natale Furlan, 133, Barcelona, Sao Caetano do Sul	<input type="checkbox"/> Add
		Barcelona, Sao Caetano do Sul, SP	<input type="checkbox"/> Remove
		ZIP 09551-040, BRAZIL	<input checked="" type="checkbox"/> Change
AP	Pedro Miguel Business Consulting	501 East Olas Blvd. Suite 300	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, Florida, ZIP 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2021 APR 16 AM 10:02

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: (b) The 90th day after the record is filed.

Dated April 7th

2021

Signature of a member or authorized representative of a member

Heitor Miguel

Typed or printed name of signer