L21000168599

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T. MATTHEWS FEB -8 2022

COVER LETTER

	gistration Sec rision of Corp			•	3
SUBJECT:	BRIMAR, I.	LC			•
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
		ndence concerning this matter			
		BRISENO MAR, GLORIA	A E		
		***************************************	Name of Person		
		BRIMAR LLC			
			Firm Company		
		12477 SW 124TH TERR.			
			Address		·
		MIAMI, FL 33186			
		qandslogistics22@gmail.co	City/State and Zip Code		
		E-mail address (to be used for future annual	report notification)	
For further i	nformation co	ncerning this matter, please ea	all:		
BRISENO MAR, GLORIA E		1 78	86-623-9060		
	Name of	Person	Area Code	Daytime Teleph	one Number
Enclosed is a	i check for the	e following amount:			
□ \$25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		\$60,00 Filing Fee, Certificate of Status & Certified Copy gadditional 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

BRIMAR, LLC

22 **5* (# 3: 26

(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 $\frac{04/12/2021}{1}$ _____ and assigned Florida document number $\underline{L21000168599}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/Λ 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: 12477 SW 124TH TERR. (Principal office address MUST BE A STREET ADDRESS) MIAML FL 33186 N/A 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: N/Λ Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cin

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 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>	<u>Address</u>	Type of Action
AMBR	MAURICIO OCHOA	12477 SW 124TH TERR.MIAMI, FL 33186	= Add
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			TChange
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			□Remove
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			Change
			∐Remove
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			TChange

N/A		
		
		
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ffective date, if other than the o	date of filing: (optional)	
an effective date is listed, the date must ote: If the date inserted in this blo	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ock does not meet the applicable statutory filing requirements, this date will not be liste.	0207 d.as 1
ocument's effective date on the De		
would are at the collection of the second	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after	the
record specifies a delayed effective		
is filed.		
is filed. JANUARY 25.	2025	
is filed. JANUARY 25.		
ated JANUARY 25.	District Man	
ated JANUARY 25.		
is filed. Ited JANUARY 25.	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00