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T. MATTHEWS

JAN 18 2022

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor				
Bira Servic	res LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Luciana Maria Faria de So	uza		
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
	 .	Firm/Company		
	5156 CONROY RD UNIT	1111		
	ORLANDO, FL, 32811	Address		
	lucianamfsouza@hotmail.co	City/State and Zip Code out to be used for future annual report to	dification)	
for further information c	oncerning this matter, please c	aH:		
Luciana Maria Faria de S	Souza	347 8014669	U	
Name o	f Person	at () Area Code Dayti	me Telephone Number	
inclosed is a check for the	he 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 Addres		Street Address: Registration S	Section	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIRA SERVICES LLC

22.11 -4, 77.3:37

(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 [04/19/2021 _____ and assigned Florida document number <u>L21000181165</u> 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 "LLC." 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 __. Florida ____

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	Jessica Silva Freitas	5156 Conroy Road, Unit 1111, Orlando Florida, 32	811 □Add
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fective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blooment's effective date on the Department's	be specific and cannot be prior ck does not meet the appli	r to date of filing or more the cable statutory filing rec	(optional) nan 90 days after filing.) Pu puirements, this date wi	irsuant to 605,0207 Il not be listed as
record specifies a delayed effective is filed.	date, but not an effective	ime, at 12:01 a.m. on th	e carlier of; (b) The 9	0th day after the
December 17		·		
	Luciana M	F. de Souza norized representante of a	member	
	1	laria Faria de Souza		