L21000 263030

(Requestor's Name)
(Address)
(,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, , , , , , , , , , , , , , , , , , ,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Cposidi ilibili dollorio to i ililigi d'ilicoli

Office Use Only S.C.



800368277258

80 20 20-400074-000 ******25.00

781 JES 23 A II: 2u

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
THE BROY	NZE USA LLC			
SUBJECT:	Name of Lim	ued Lusbility Company		
	Amendment and feers) are sub			
Please return all correspo	ondence concerning this matter	to the following;		
	TALITA BENDILATTI			
		Name of Person		
	CONNECTION CONSUL	TPMG-LLC		
		Firm Company		
	7450 DR PHILLIPS BLVI	D. STE 303		
		Address		
	ORLANDO, FL 32819			
		City/State and Zip Code	502	مسم د .
	CONTACT@CONNECTIO	NACCOUNTING.COM to be used for future annual report notification)		. :
For further information c	oncerning this matter, please c		777 23	-
TALITA BENDILATTI		407 704-4929	<i>></i>	
Name o	f Petson	at () Area Code Daytime Teleph	one Number ::	
Enclosed is a check for the	he following amount:			
■ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	LI \$55.00 Filing Fee & L Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S Division of C	Section	Street Address: Registration Section Division of Corporati	ves.	
P.O. Box 632		The Centre of Tallaha		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appears o (A Florida Limited Liability Company)	in our records.)
The Articles of Organization for this Limited I		2021 and assigned
Florida document number L21000263030	<u></u> .	
This amendment is submitted to amend the fol	lowing:	
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 desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		O
Enter new mailing address, if applicable:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Mailing address MAY BE A POST OFFICE	E BOX)	7
		<u> </u>
		23
B. If amending the registered agent and/or	registered office address on our rec	ords, enter the name of the new regist
igent and/or the new registered office addr	ess here:	= 0
	CONTRICOTION CONSCIETANCE	2 L
Name of New Registered Agent:	CONNECTION CONSULTING LL	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	7450 DR PHILLIPS BLVD, STE 30	
	Enter Florido	i street address
	ORLANDO	Florida ³²⁸¹⁹
	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.

H 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
AMBR	NORMANDO BEZERRA BRONZ	1326 SANTA ROSA DRIVE	
		102	□Remove
		KISSIMMEE, FL 34741	= Change
			□Add
			□Remove
			Remove
			Change Change 25 Add
			25-Add,
			Remove
			Z TChange
			□ Remove
			□Change
			□Remove
			□ Change

NEW REGISTE	ERED AGENT AND UPDATE THE TITLE OF MR. NORMANDO TO "AMBR" INS	TEAD OF
"PRE" PREVIO	OUSLY FILED.	
		_
		1621
	•	
		23
		,D
		_ = _
		2u
ective date is liste If the date inse	ther than the date of filing:	
rd specifies a del led.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day aft
	Signature of Thember or authorized representative of a member	

Filing Fee: \$25.00