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VALLAHASSEE FLORIG;

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COVER LETTER

TO: Registration Se Division of Cor			
	JLTISERVICE LLC		
SUBJECT:	Name of Lim		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ELIZABETH BRITO		
		Name of Person	
		Firm/Company	
	2954 W MISSIONWOOD	LN	
		Address	
	MIRAMAR, FL 33025		
	ELIBRITO1977@GMAIL.	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifica	ation)
For further information c	oncerning this matter, please ca	all:	
ELIZABETH BRITO		786 278-2854	
Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		<u>Street Address:</u> Registration Secti	ion

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

BRITO MULTISERVICE LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	oany were filed on 09/16/2021	and assigned
Florida document number L21000411120		
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" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	
Enter new mailing address, if applicable:		2 0 21
(Mailing address MAY BE A POST OFFICE BOX)		
		GIASSE
B. If amending the registered agent and/or registered of	fice address on our records, <u>enter th</u>	e name of the Hew registe
agent and/or the new registered office address here:		
		출1 등
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida street address		
	Flor	ida
	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 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	ELIZABETH BRITO	2954 W MISSIONWOOD LN, MIRAMAR FL 33025	5 _ ⊆ Add
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	Signature of a member or au	thorized representative of a member
	ELIZABETH BRITO	

Filing Fee: \$25.00