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11. July - 12. 11. -- 12. 11. 11. 11.

SECRETARY OF STATE

J DENINIS

## **COVER LETTER**

TO:

Registration Section

**Division of Corporations** DOIS TORRES CAFES ESPECIAIS, LLC ' SUBJECT: 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: Name of Person LEGIT CONSULTING SERVICES, LLC Firm Company 6735 CONROY WINDERMERE RD, STE 233 Address ORLANDO, FL 32835 City/State and Zip Code BUSINESS@LEGITCS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANTONIO VIANA 5200228 Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: **Registration Section** Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOIS TOR	RES CAFES ESPECIAIS, LLC		
(Name of the Limited (A	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	<del></del>
he Articles of Organization for this Limited Liab	oility Company were filed on	12/15/2021	and assigned
orida document numberL21000528366	<del></del> •		
nis amendment is submitted to amend the follow	ring:		
. If amending name, enter the new name of t	he limited liability company her	<u>e</u> :	
BRAZILIAN MARK	CET & SERVICES, LLC		
e new name must be distinguishable and contain the wor	ds "Limited Liability Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicat	ole:		
Principal office address MUST BE A STREET			
THE CIPAL OFFICE MANTESS MOST BE ASTREET	<u> </u>		
nter new mailing address, if applicable:			<u></u>
Aailing address MAY BE A POST OFFICE B	OX)		
			• • • • • • • • • • • • • • • • • • • •
. If amending the registered agent and/or reg	istered office address on our rec	ords, enter the nan	ne of the new regist
gent and/or the new registered office address		ords, enter the man	or the new region
	<del></del>		
Name of New Registered Agent:			
- The Control of the			
New Registered Office Address:		<del></del>	
	Enter Florta	la 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 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 =	<b>Authorized Member</b>	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			⊡Add
			□ Remove
			□Change
			□Remove
			Change
<del></del> -			
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			50.

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Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member		· · · · · · · · · · · · · · · · · · ·
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	Dated .	AUG-8
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member		: 40F
			Julianc osta de Otiveira Fernances (Aug 8, 2022 14:10 CDT)
The same of the contract of the same of th	JULIANE COSTA DE OLIVEIRA FERNANDES		Signature of a member of authorized representative of a member
**************************************	JULIANC COSIA OF OFICIRA FERNANCES		The A CASEA DE OLIVERA STANDARD