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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

cupirer.		EMPANADAS 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:				
		Name of Person	.			
	Lb	GIT CONSULTING SERVICES.	LLC			
		Firm/Company				
	6735 CO	NROY WINDERMERE RD. STE	E 233			
		Address	· · ·			
		ORLANDO, FL 32835				
		City/State and Zip Code				
BUSINESS@LEGITCS.COM						
	E-mail address: (to be used for future annual report no	tification)			
For further information c	oncerning this matter, please c	all:				
ANTONIO VIANA JR		407 2852290 at ()				
Name o	f Person	Area Code Daytir	ne Telephone Number			
Enclosed is a check for the	eo following amount					
	_	□ 666 00 EU:	□ 0<0.00 E;;; E			
■ \$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 Address:		Street Address:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 632		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAZIL EMPANADAS LLC

(Name of the Lin	nited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
the Articles of Organization for this Limited lorida document number L22000002345	Liability Company were filed on	12/23/2021 and assigned
his amendment is submitted to amend the fo	llowing:	
. If amending name, enter the new name	of the limited liability company	here:
KELLY XCLEA	ANING LLC	
ne new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	
. If amending the registered agent and/or gent and/or the new registered office addr		r records, enter the name of the new regis
gent and/or the new registered office addi	ess nere.	
Name of New Registered Agent:	KELLY C BARBOSA DE SO	JSA
New Registered Office Address:	2408 ELSIE CIR	
	Enter F	Florida street address
	COCOA	, Florida 32922
	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 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	KELLY C BARBOSA DE SOUSA	2408 ELSIE CIR	□Add
		COCOA, FL 32922	□Remove
			■ Change
			□Add
			Remove
			☐ Change
			□Add
			□Rетоvе
			□Change
			□Add
			□Remove
			
			□Remove
			☐ Change
			□Add
			Remove
			□Change

 -	
	
<u></u>	
 -	
(If an effective Note: If th	date, if other than the date of filing:
ne record spo ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	JANVARY 5, 2023.
_	Killy Entina B. Sava
	Signature of a member by uthorized representative of a member

Filing Fee: \$25.00