## L22000049151

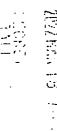
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## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations				
	FROM BRA					
SUBJECT:	Name of Limited Liability Company					
The enclosed	d Articles of .	Amendment and fce(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Janayna Potencian	o			
			Name of Person			
		POTENCIANO CPA LLC				
			Firm/Company			
	6337 GLORY BOWER DR					
	6337 GLORY BOWER DR Address					
	WINTER GARDEN, FL 34787					
			City/State and Zip Code			
		JANAYNA@POTENCIAN				
		E-mail address: (	to be used for future annual report no	otification)		
For further in	nformation c	oncerning this matter, please co	all:			
JANAYNA	POTENCIA	NO	407 413 2411			
	Name o	f Person	Area Code Dayt	ime Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.00 1	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)		
	iling Addres		Street Address:			
Registration Section Division of Corporations			Registration S Division of C			
	vision of C D. Box 632	•	The Centre of	•		
	llahassee. I		2415 N. Mon	roe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION.... **OF**

(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 01/27/2022 and assigned Florida document number, L22000049151

The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2273 Centerra Loop Kissimmee, FL 34741		
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	2273 Centerra Loop		
(Mailing address MAY BE A POST OFFICE BOX)	Kissimmee, FL 34741		

Name of New Registered Agent: New Registered Office Address:

Enter Florida street address \_, Florida \_ Cuv

2022 HAR 18 74 CHC2

## New Registered Agent's Signature, if changing Registered Agent:

FROM BRAZIL STORE LLC

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>	<u>Address</u>	Type of Action
MGR	Stephanie R Ferreira da Costa	10367 ANGEL OAK CT	□Add
		ORLANDO, FL 32836	■Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, if oth (If an effective date is liste Note: If the date inse document's effective	er than the date of fi d, the date must be specific sted in this block does n date on the Department	int meet the annitta	DIE SCHLINDIA HIMIE IC	TORCINCIAN AND AREA .	Pursuant to 605.02 vill not be listed
the record specifies a de cord is filed.	layed effective date, but	t not an effective tin	ne, at 12:01 a.m. on t	ne earlier of: (b) The	90th day after t
Dated MARCH IST	lt.	2022 ChVMU	7R -P	Cotta	
				\ /\ //\ <b>/\</b> Y\	

Filing Fee: \$25.00