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COVER LETTER

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BR EXPRES	SŞ LLC			
3003DC1.	Name of Line	ited Liability Company		
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	ERALDO NOGUEIRA M	ATTOS		
		Name of Person		
		F: 10		
		Firm/Company		
	14150 TITLE WAY			
		Address		
	WINTER GARDEN, FL 3	4787		
		City/State and Zip Code		
	ADRIANA.SANFELICE@	GLOBALTAXUSA.NET		
	E-mail address: (to be used for future annual report notifi	cation)	20
For further information co	ncerning this matter, please c	all:		2022 OCT - SECRETAI
ADRIANA SANFELICE		407 820-1958 at ()		超了
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	e following amount:			2: 35 STATE
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ing Fee, e of Status &

Registration Section

Division of Corporations

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BR EXPRESS LLC (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 FEBRUARY 17, 2022 and assign Florida document number $\underline{1.22000079907}$ 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" or the abbreviation "LLC. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new reg agent and/or the new registered office address here: വ כיד אב Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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 i 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

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person be or removed from our records:

. MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of A
MGR	MATTHEUS VIDAL MATTOS	3458 OLGA AVE	□ Add
		SAN DIEGO, CA 92123	■Remov
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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			□Add
			□Remove
			□Change
		 	□Add
			Remove

fective date, if other than the date of filing:	ŀ	REMOVE MGR MATTHEUS VIDAL MATTOS
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ADRIANA SANFELICE		
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Filing Fee: \$25.00