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9/7/23, 1:10 PM

09/12/2023

10:31 AM

TO:18506176383 FROM:4073703120

Division of Comorations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067

Phone Fax Number

: (407)370-3686 : (407)370-3120

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email:	Address:			
Chiall	AUULESS.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BTT INTERNATIONAL LLC

Certificate of Status	1
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Corporate Filing Menu

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SEP 1 3 2023

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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

TO: Registration Se Division of Cor				
	RNATIONAL LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	CAROLINE LARSON			
		Name of Person		
	INTERNATIONAL DIVISION BY LARSON ACC			
		Firm/Company		
	7901 KINGSPOINTE PKWY STE 15			
		Address		
•	ORLANDO, FL, 32819			
	MA VB A GLI A D SONIA CO	City/State and Zip Code		
	MAYRA@LARSONACC. E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
CAROLINE LARSON		407 3703686		
Name of Person		Area Code Daytim	ne Telephone Number	
Enclosed is a check for t	he following amount:			
☐ \$25.00 Filing Fee	_	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration Division of C		Registration Se Division of Co		
P.O. Box 632		The Centre of T		

Tallahassee, FL 32314

Page:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BTT INTERNATIONAL LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		_	
er was	(77 Florida Emilica	Ellowity Company)			
The Articles of Organization for this Limited I	iability Company	were filed on 09/07/2023	and	assigne	d
Florida document number L22000197384				-	
1 lotted document name:	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited lish	nility company here:			
	or the little has	mer company nere.			
N/A The new name must be distinguishable and contain the	1 417 1 1 1 7 1 1	The Court of the Court of	11	45 L C"	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or the a	bbreviation	1 "L.L.C."	
Enter new principal offices address, if appli	cable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)			•	
		N/A			
Enter new mailing address, if applicable:		19/7			
(Mailing address MAY BE A POST OFFICE	BOX)	·			
			-		
B. If amending the registered agent and/or	registered office	address on our records, enter the nar	ne of the	new reg	isterec
agent and/or the new registered office addre	ess bere:		; - 1	2023	
			= :	رين د	
Name of New Registered Agent:	N/A		-	SEP	
Tame of the Registered Figure.				2	三沙
New Registered Office Address:	N/A		, ₉ , ,		<u>(16</u>
		Enter Florida street address		<u> </u>	
	N/A	. Florida ^N	/A 7. 7.	ယ္	
		City	Zip C	ode n	

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.

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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

Title	Name	Address	Type of Action
AMBR	OLIVEIRA C MOREIRA: FERNANDA	RUA DAS CACATUAS, 167- SAO JOSE DOS CAMPOS, SP 2244	□Add -O66 BR
	FUNIANIA	70 30% 00 VOTION 1	■Remove
			□Remove
			□Add
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			Change

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	Note	etive date, if other that frective date is listed, the di If the date inserted in- ment's effective date on	this block does not n	neet the applicable statutory fil	(optional) more than ⁶ 0 days after filing.) Pursuant to 605,020 larg requirements, this date will not be listed as
	e reco rd is :		ffective date, but not	an effective time, at 12:01 a.n	o, on the earlier of: (b) The 90th day after the
				3/12:	

Filing Fee: \$25.00

Typed or printed name of signee

FREDERICO BORATTO M MOREIRA