1230002340H

(Re	questor's Name)	
(Ad	dress)	
	dress)	_
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
Corpform 4085-L	- ار	
4085-Li	rongto	2(W
	Office Use Or	nly



500427856475

04/19/24--01027--015 **35.00

2624 JUL 29 FH 4: 10



May 2, 2024

VIEGAS DE OLIVEIRA, TAINA 2640 SW 30TH AVE MIAMI, FL 33133

SUBJECT: BRAZILIAN TASTE FACTORY LLC

Ref. Number: L22000234064

We have received your document for BRAZILIAN TASTE FACTORY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 224A00009585

Rebekah White Regulatory Specialist III

www.sunbiz.org

COVER LETTER

Registration Section Division of Corporations

Mailing Address: Registration Section Division of Corporations

P.O. Box 6327

TO:

SUBJECT:		FACTORY LIC	
The enclosed Articles of Am	endment and fee(s) are submi	itted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	TAIND VIEG	AS DE OHIGIR Name of Person	<u> </u>
	J640 EU 353	Firm/Company AV, 33183 Address	miami -#U
-	ITSTALVIEGG	33133 City/State and Zip Code Source GMATL be used for future annual report notifice	ation)
For further information conc	erning this matter, please call	l:	
TaiNA VIE Name of Pe	es to Oute	Area Code Daytime T	Celephone Number
Enclosed is a check for the f	ollowing amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 10 Section 2015 Section

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

ARTICLES OF AMENDMENT ŤΟ ARTICLES OF ORGANIZATION

(Name of the Limited	Liability Compa Florida Limited I	ny as it now	appears on	our records.		
The Articles of Organization for this Limited Liab Florida document number L220023406	ilie. C-	were filed	<u>051/</u>	19/20:	<u> </u>	and assigned
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of the Contain the words The new name must be distinguishable and contain the words	e limited liabii	. 1		ation "L! C" o	the abbrev	intion W. I. C. V.
Enter new principal offices address, if applicable	e:	2610	em .	goth.	AU.	<u> </u>
(Principal office address MUST BE A STREET A	DDRESS)	mia	γλ -	FL.		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>x)</u>				7) - 20	Q3
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office ad <u>vre</u> :	dress on o	Jr record	s, <u>enter the</u>		new registered
Name of New Registered Agent:	<u> </u>	-				 _
New Registered Office Address:		Faran	El			
	mign	<u>ni</u>	Florida stre	et address , Florid:	a_ <u>ම</u> 3	133
New Registered Agent's Signature is a		City			Zip	Coae

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
ngc	Educado Rui	edos Santas	□Add
-			D Remove
			☐ Change
			□Add
		-	□Remove
			□Change
			□Remove
			□Add
			Remove
			□Change
			□Add
		 	□Remove
			□ Change
			□Add
			□Remove
			₽.c.

	any other informa					
		-	·	•		
						
		_				
	-	· · · · · · · · · · · · · · · · · · ·			-	
•					<u> </u>	
						
						,
					<u>. </u>	
			•			
		1-1	<u>.</u>		-	
					,	 -

<u></u>						
(If an effective on Note: If the	te, if other than the date is listed, the date mus date inserted in this blaffective date on the D	t be specific and cannot ock does not meet the	e applicable statute	ing or more than ory filing require	(optional) 90 days after filing) ements, this date	Pursuant to 605.0207 (; will not be listed as th
and is filed.	ifies a delayed effectiv	e date, but not an effo	ective time, at 12:0	I a.m. on the e	arlier of: (b) The	90th day after the
Dated 02	26.2024		_			
Signature	26.2024 162					
(B	y a director, presiden	t or other officer – i	f directors or offi	ers have not h	een .	
Se	lected, by an incorpor pointed fiduciary by	rator – if in the hand	ls of a receiver, tr	ustee, or other	court	
		VIEGAS				