

L23000091944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

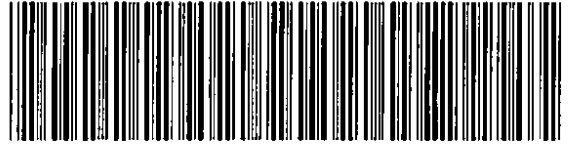
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

money order was received  
& document and it was  
signed for by T. Greene  
on 09/01/23 dec

Office Use Only



400412574254

D. Cushing

FILED  
2023 SEP -1 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE FL

OCT 26 2023

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BRITTO OVERSEAS HOLDINGS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BIBI S LARSON

Name of Person

BRITTO OVERSEAS HOLDINGS LLC

Name/Company

1731 SW 2ND AVENUE

Address

OCALA, FL 34471

City/State and Zip Code

larson.bibi@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BIBI S LARSON

352 266-6098

at

Area Code

Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

☐ \$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:

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



**CUSTOMER'S RECEIPT**

SEE BACK OF THIS RECEIPT  
FOR IMPORTANT CLAIM  
INFORMATION

NOT  
NEGOTIABLE

Pay to

Address

FL Dept of State  
PO Box 6327  
Tallahassee, FL 32314

KEEP THIS  
RECEIPT FOR  
YOUR RECORDS

Serial Number

Year, Month 2023-08-29 Post Office

344783

\$60.00

Check 14

28551208590

L23000091944  
EIN 92-2136486

2023 SEP -1 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FLORIDA DEPT OF STATE  
REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



9590 9402 5793 0034 4234 13

2. Article Number (Transfer from service label)

7021 1970 0001 212

PS Form 3811, July 2015 PSN 7530-02

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

T.M. GREENE

☒ Agent☐ Addressee

B. Received by (Printed Name)

GREENE

C. Date of Delivery

9/1/23

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted

Delivery

☐ Return Receipt for

Merchandise



# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BRITTO OVESEAS HOLDINGS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BIBI S LARSON

Name of Person

BRITTO OVERSEAS HOLDINGS LLC

Firm/Company

1731 SW 2ND VENUE

Address

OCALA, FL 34471

City/State and Zip Code

larson.bibi@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BIBI S LARSON

352 266-6098  
at ( )

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(additional copy is enclosed)

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**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**

BRITTO OVERSEAS HOLDINGS LLC

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

FILED  
2023 SEP - 1 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 02/15/2023

Florida document number L23000091944

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

FAZIL M JABAR

2 PECAN COURSE DR

OCALA, FL 34472

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1731 SW 2ND AVENUE

OCALA, FL 34471

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: BIBI S LARSON

New Registered Office Address: 1731 SW 2ND AVENUE

*Enter Florida street address*

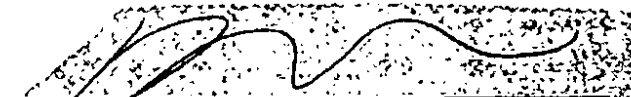
OCALA, Florida 34471

*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>   | <u>Address</u>     | <u>Type of Action</u>                      |
|--------------|---------------|--------------------|--|
| AMBR         | FAZIL M JABAR | 1731 SW 2ND AVENUE | <input checked="" type="checkbox"/> Add    |
|              |               | OCALA, FL 34471    | <input type="checkbox"/> Remove            |
|              |               |                    | <input type="checkbox"/> Change            |
| MGR          | BRANDON KHAN  | 1731 SW 2ND AVNEUE | <input type="checkbox"/> Add               |
|              |               | OCALA, FL 34471    | <input checked="" type="checkbox"/> Remove |
|              |               |                    | <input type="checkbox"/> Change            |
|              |               |                    | <input type="checkbox"/> Add               |
|              |               |                    | <input type="checkbox"/> Remove            |
|              |               |                    | <input type="checkbox"/> Change            |
|              |               |                    | <input type="checkbox"/> Add               |
|              |               |                    | <input type="checkbox"/> Remove            |
|              |               |                    | <input type="checkbox"/> Change            |
|              |               |                    | <input type="checkbox"/> Add               |
|              |               |                    | <input type="checkbox"/> Remove            |
|              |               |                    | <input type="checkbox"/> Change            |
|              |               |                    | <input type="checkbox"/> Add               |
|              |               |                    | <input type="checkbox"/> Remove            |
|              |               |                    | <input type="checkbox"/> Change            |

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b):

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2023

BIBI S. LARSON

Typed or printed name of signer

**Filing Fee: \$25.00**