

L23 000 100 SH1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

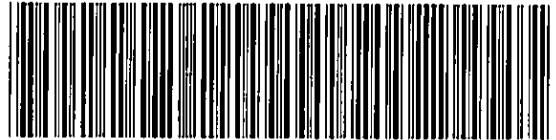
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2024 MAY 29 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Britevan 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:

Carlos E Rodriguez C
Name of Person

Firm/Company

706 NW 87th ave apt 213
Address

Miami FL 33172
City/State and Zip Code

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

For further information concerning this matter, please call:

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

2024 MAY 29 AM 11:23
SECRETARY OF THE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Britevan 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 02/23/2023 and assigned Florida document number L23000100541.

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)

706 NW 87th Ave apt 213
Miami FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

706 NW 87th Ave apt 213
Miami FL 33172

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:

New Registered Office Address:

Enter Florida street address

Florida

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> |
|--------------|-----------------------------|----------------------------------|--|
| <u>AMBR</u> | <u>Carlos E Rodriguez C</u> | <u>706 NW 87th av APT 213</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Miami FL 33172</u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u>AMBR</u> | <u>Alegandra P Perez J</u> | <u>14105 SW 66 STREET APT 64</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Miami FL 33182</u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>Raquel E NUNES A</u> | <u>8861 FOUNTAINEBLEAU BLVD</u> | <input type="checkbox"/> Add |
| | | <u>APT 101 Miami FL 33172</u> | <input checked="" type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| | | <u></u> | <input type="checkbox"/> Add |
| | | <u></u> | <input type="checkbox"/> Remove |
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2024 MAY 29 AM 11:24
SECRETARY OF STATE
JALLANASSER, FL

2024 MAY 29 AM 1:24
SECRETARY OF STATE
TALLAHASSEE, FL

SECRET
TALLAHASSEE, FL
2020 MAY 29 AM 1:24

(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 21st, 2024

Rapuel Nunes
Signature of a member

Signature of a member or authorized representative of a member

Raquel E Nunes A

Typed or printed name of signee