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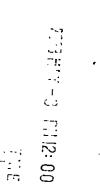
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Brivio Sele	ection LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	Name of Em	area maonity company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alicia Brivio		
		Name of Person	<u></u>
		Firm/Company	
	950 Ponce De Leon Rd, U	nit 205	
	D D 17 22 12	Address	
	Boca Raton, FL 33432		7-7
	aliciabrivio@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
Alicia Brivio		561 4314873	ve Telephone Number 1:1
Name o	f Person	at () Area Code Daytim	te Telephone Number 111
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632	.7	The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brivio Selection LLC

	on our records.)
The Articles of Organization for this Limited Liability Company were filed on Hamiltonida document number 1.23000219323	y 3, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	r <u>e</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	*
· · · · · · · · · · · · · · · · · · ·	,
Enter new mailing address, if applicable:	
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here: Name of New Registered Agent:	cords, <u>enter the name of the new registered</u>
NE DESCRIPTION AND LONG THE PROPERTY OF THE PR	
New Registered Office Address: Enter Flori	da street address
Enter Flori	
Enter Flori	da street address, Florida Zip Code
Enter Flori	. Florida

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>	Type of Action
MGR	Guido Brivio	950 PONCE DE LEON RD, UNIT 205	
			□Add
		BOCA RATON, FL 33432	Remove
			_
			Change
			□Add
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May 4, 2023 May 4, 2023 (optional) In effective date, if other than the date of filing: In 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 605.020 date; if the date inserted in this black does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. The 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 is filed. May 4 2023 Hima B. Sighature of a member or authorized representative of a member Alicia Brivio ALICIA BRIVIO				
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