

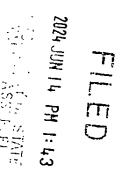


Office Use Only



200431539882

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COVER LETTER

TO:

Registration Section

Divi	sion of Corporations						
eun ir ct.	BRIUT CARE SOLUTIONS LLC						
SUBJECT:	Name of Limited Liability Company						
Dear Sir or M	Madam:						
The enclosed	d Registered Agent/Registered Of	fice Change a	nd fec(s) are submitted for filing.				
Please return	all correspondence concerning the	is matter to t	ne following:				
ENYELBER	CASTRO						
	Name of Person						
BRIUT CAR	E SOLUTIONS LLC						
 	Firm/Company						
9001 SW 122	ND AVE STE 205						
	Address						
MIAMI FL 3	3186						
	City/State and Zip Code						
elena@briute	aresolutions.com						
E-mail	address: (to be used for future an	nual report no	tification)				
For further in	nformation concerning this matter	, please call:					
ELENA CAS	ANAS	305 at (989-6934				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enc	losed is a check for the following	g amount:					
■ \$3	25 Filing Fee		\$55 Filing Fee & Certified Copy				
INHS18 (2/14	4)						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	me of the limited liability company: BRIUT CARE SO	OLUTION	IS LLC					
	BRIUT CARE SOLUTIONS LLC	(b	(b) BRIUT CARE SOLUTIONS LLC					
(w) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	9001 SW 122ND AVE STE 205		9001 SW 1	22ND AVE STE	205			
	MIAMI FL 33186		MIAMI FL	. 33186				
	10/30/2023		1.23000493104					
3.	Date of filing/registration in Florida	4.		Document num	ber			
5. (a)				_				
(,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	c:				
	ELENA CASANAS			_				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				FILED 2024 JUNITE PH 1: 43 SECKLIANCY DE STATE TALE AFASSEE, FL			
	9001 SW 122ND AVE STE 205							
	MIAMI . FL 33186			3		# t		
				-	> - -	T 		
(b)		- L	APASSEE.	(-)				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	<u>dress</u> :	-				
	ENYELBER CASTRO			_	帯 			
	NEW Registered Office Address:			_				
	9001 SW 122ND AVE STE 205			_				
	MIAMI , FI	L						
change agent v was/we the arti Signat I herei provisi the obl to mere notified	imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members cles of utganization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and aging of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. If it is writing of this change.	e register iability co of the lim e limited l	ed office and ompany, it is a little liability come in a little liability c	d the business of shereby confirm y company or as ipany. Hented or typed n	ffice of the red that the otherwise page anne of signee	registered change(s) provided in		