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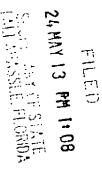
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor	narations	•	₂₅₀ k
SUBJECT:	* B Modif	CATIONS L.L	,C.
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BRUNO B.	Name of Person	
		Firm/Company	
	145 672 3	34	
		Address	
	DAYTONA BOA	Address Ch. FL 32117 City/State and Zip Code	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	fication)
For further information co	oncerning this matter, please ca	all;	
Barno B	. Gonza	at (<u>973</u>) <u>33</u> Area Code Daytin	7-94 11
Name o	f Person	Area Code Daytin	e Telephone Number
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 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**

The Articles of Organization for this Limited Liability Company	were filed on SUN biz. ORG and assign
florida document number L24000125564	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liabi	ility company here:
he new name must be distinguishable and contain the words "Limited Liabili	lity 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)	
	5
Enter new mailing address, if applicable:	Old Day
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office a	address on our records, enter the name of the new r
gent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	
	Enter Florida strvet address

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
MGR	Beuno BARRETO GOMES	145 6 m St, Dayton A BEACH FL 3211	<u>}</u> X∕Add
			□Remove
			□Change
AMBR	AMBR BRITTANY VON HERBULS GOMES	145 6 mSt, Dayton & Beach, FL32117	<u>7-</u>
·			⊡Remove
			□Change
			□ Add
			□Remove
			□Change
		□ Add	
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			⊡Add
			□Remove
			□ Change

		
		
		
		
ffective date, if	f other than the date of filing: (optional) s listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua	m to 615 02077
Note: If the date	inserted in this block does not meet the applicable statutory filing requirements, this date will no tive date on the Department of State's records.	t be listed as t
record specifies d is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of	day after the
Dated May	1 03 . 2024	
	Signature of a member or authorized representative of a member	
×		
	Bruno Barreto Corres Typed or printed name of signee	