

L 110000030633

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 21 AM 9:07

B. KOHR

APR 25 2011

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: EXPERT LOG LLC
Name of Limited Liability Company

11 APR 21 AM 9:07
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED STAFF

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

Please return all correspondence concerning this matter to the following:

Sueli Correa

Name of Person

Intercomp Professional Services, Inc.

Firm/Company

17375 Collins Avenue, Suite 1702

Address

Sunny Isles Beach, FL 33160

City/State and Zip Code

subbr23@aol.com

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

For further information concerning this matter, please call:

Sueli Correa

Name of Person

at (305)

527-7024

Area Code & Daytime Telephone Number

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

EXPERT LOG LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 21 AM 9:07

The Articles of Organization for this Limited Liability Company were filed on 03/14/2011 and assigned
Florida document number L11000030633.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3563 N.W. 82nd Avenue

(Principal office address MUST BE A STREET ADDRESS)

Doral, Florida 33122

Enter new mailing address, if applicable:

3563 N.W. 82nd Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Doral, Florida 33122

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:

Intercomp Professional Services, Inc. c/o Sueli Correa

New Registered Office Address:

17375 Collins Avenue, Suite 1702

Enter Florida street address

Sunny Isles Beach

Florida

33160

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 608, 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.

S. Correa
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

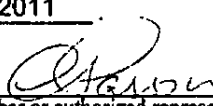
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Maria Elizabet S. Pacheco	5201 Blue Lagoon Dr. - Suite 986 Miami, Florida 33126	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Cristiane Passow	325 South Biscayne Blvd. - Apt. 715 Miami, Florida 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Kindly update your records to reflect our company's FE/EIN Number as follows:

99-0364820

Dated April 20, 2011



Signature of a member or authorized representative of a member

Cristiane Passow

Typed or printed name of signee

267-941-1345

99-0364820

Form SS-4 (Rev. January 2010) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		OMB No. 1545-0003 EIN 99-0364820	
1 Legal name of entity (or individual) for whom the EIN is being requested EXPERT LOG LLC					
2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name			
4a Mailing address (room, apt., suite no. and street, or P.O. box) 5805 BLUE LAGOON DR STE 200		5a Street address (if different) (Do not enter a P.O. box.) 5201 BLUE LAGOON DR SUITE 986			
4b City, state, and ZIP code (if foreign, see instructions) MIAMI, FL 33126		5b City, state, and ZIP code (if foreign, see instructions) MIAMI FL 33126			
6 County and state where principal business is located MIAMI, FL					
7a Name of responsible party BRUNO LIMA CHAIBEN			7b SSN, ITIN, or EIN N.R.A.		
8a Is this application for a limited liability company (LLC) or a foreign equivalent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			8b If 8a is "Yes," enter the number of LLC members ▶ 2		
8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.					
<input type="checkbox"/> Sole proprietor (SSN) _____		<input type="checkbox"/> Estate (SSN of decedent) _____			
<input checked="" type="checkbox"/> Partnership		<input type="checkbox"/> Plan administrator (TIN) _____			
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____		<input type="checkbox"/> Trust (TIN of grantor) _____			
<input type="checkbox"/> Personal service corporation		<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government			
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military			
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____		<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises			
<input type="checkbox"/> Other (specify) ▶ _____		Group Exemption Number (GEN) if any ▶ _____			
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State FL		Foreign country	
10 Reason for applying (check only one box)					
<input checked="" type="checkbox"/> Started new business (specify type) ▶ IMPORT & EXPORT		<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____			
<input type="checkbox"/> Hired employees (Check the box and see line 13.)		<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____			
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Purchased going business			
<input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> Created a trust (specify type) ▶ _____			
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____					
11 Date business started or acquired (month, day, year). See instructions. 03/14/2011			12 Closing month of accounting year 12/31		
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.			14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>		
Agricultural			Household		
			Other		
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶					
16 Check one box that best describes the principal activity of your business.					
<input type="checkbox"/> Construction		<input type="checkbox"/> Rental & leasing		<input type="checkbox"/> Transportation & warehousing	
<input type="checkbox"/> Real estate		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Finance & insurance	
<input type="checkbox"/> Health care & social assistance		<input type="checkbox"/> Accommodation & food service		<input type="checkbox"/> Wholesale-agent/broker	
<input type="checkbox"/> Wholesale-other		<input type="checkbox"/> Retail		<input checked="" type="checkbox"/> Other (specify) IMPORT & EXPORT	
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. IMPORT & EXPORT					
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶					
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.					
Third Party Designee		Designee's name ALONSO & GARCIA, PA - DOMINGO ALONSO, CPA		Designee's telephone number (include area code) 305-448-3898	
		Address and ZIP code 5805 BLUE LAGOON DR STE 200, MIAMI FL 33126		Designee's fax number (include area code) 305-443-9073	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) 305-448-3898		Applicant's fax number (include area code) 305-443-9073	
Name and title (type or print clearly) ▶ BRUNO LIMA CHAIBEN - MGR					
Signature ▶		Date ▶ 03/25/2011			