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2011 APR 28 PHIZE LA SECRETARY OF STATE

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COVER LETTER

Division of Corporations					
SUBJECT:	EXPE	RT LOG LLC			
Name of Limited Liability Company					
The enclosed Articles of A	Amendment and fee(s) are sub	bmitted for filing.			
Please return all correspor	idence concerning this matter	r to the following:			
-		•			
		CAROLINE LARSON			
		Name of Person	•		
LARSON ACCOUNTING & CONSULTING SERVICES LLC					
		Firm/Company			
	0040.00	NAME OF THE 47			
	8810 COMMODITY CIRCLE, STE 17				
		Address			
	ORLANDO, FL 32819				
		City/State and Zip Code			
LARSON_CAROLINE@YAHOO.COM					
	E-mail address: (to be used for future annual report notification)	701 SE SE		
For further information co	oncerning this matter, please of	call:	ZOII APR 28 PN Z		
· CARO	LINE LARSON	at (407) 370-3686	APR 28 PN I		
Name of		Area Code & Daytime Telephone Number			
v			PHIZ LO OF STATE E. FLORID		
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &		

MAILING ADDRESS:

TO:

Registration Section

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 LUG LLU			
(Name of the Limited (A	Liability Company as it now app Florida Limited Liability Compan	oears on our records.)		
The Articles of Organization for this Limited Li Florida document numberL11000030	ability Company were filed on _		and assigned	
This amendment is submitted to amend the follow	owing:			
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Co	mpany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applications	able:		<u></u>	
(Principal office address MUST BE A STREE	T ADDRESS)			
		·	7 S	
Enter new mailing address, if applicable:		<u> </u>	ARE APR	
(Mailing address MAY BE A POST OFFICE BOX)			28 SS	
			SI SI	
B. If amending the registered agent and/or the new registered of	or registered office address office address here:	on our records, enter th	ne theme of the new	
		•		
Name of New Registered Agent:	LARSON ACCOUNTING	3 & CONSULTING S	ERVICES LLC	
New Registered Office Address:	8810 COMMODITY CIR	CLE, STE 17		
Enter Florida street address				
	ORLANDO	, Florida	32819	
	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.

If Changing Registered Agent, Signature of New Registered Agent

od

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 Type of Action Title <u>Name</u> **Address** Maria E. Souza Pacheco MGR 5201 Blue Lagoon Dr.ste 986 Miami, FL 33126 ✓ Remove Cristiane Passow MGR Av. Candido de Abreu, 776 ci. 1303 **✓** Add Curitiba PR Brazil Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Chr. Sen (ima

Typed or printed name of signee

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Filing Fee: \$25.00