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Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.

Account Number : I20190000096

: (407)745-1112

Fax Number

: (407)641-8083

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Email Address: SILVIA@EXPATCONSULTING.COM

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## **COVER LETTER**

TO: Registration Se Division of Cor				
N.L. FREG	NELLC			
SUBJECT:	Name of Limi	ted Liability Company	· · · · · · · · · · · · · · · · · · ·	
	A constitution of the state of	where the filling		
	Amendment and fec(s) are sub-			
Please return all correspo	ndence concerning this matter t	o the following:		
	SILVIA FREGNI			
		Name of Person		
EXPAT CONSULTING CORP				
Firm/Company				
8615 COMMODITY CIR. ST 11				
		Address		
	ORLANDO - FL - 32.819			75 2
		City/State and Zip Code	<u></u>	FIL 2021 AUG 23 SECRE PARSSEE
	SILVIA@EXPATCONSUL	TING.COM o be used for future annual report noti	fication)	33 S 7
For further information of	oncerning this matter, please ca			
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Name o	f Person	at ()	e Telephone Number	7
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

From: EXPAT CONSULTING

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on a I Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number 12/20/2012	y were filed on L12000	158743 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our recor	ds, <u>enter the name of the new register</u>	
Name of New Registered Agent:			
New Registered Office Address:  Enter F		reet address	
	Florida		
<del></del>	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	ıt:		
I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a	te performance of my	duties, and I am familiar with and 🥏	

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.

To: +18506176383 ' Page: 7 of 8 2021-08-23 14:33:38 GMT 14076418083 From EXPAT CONSULTING

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>	Name	Address	Type of Action
AMBR	FREGNI, JOSE N		
			■Remove
AMBR	FREGNI, LUIZA Z	<del></del>	□Add
			■Remove
MGR	FREGNI, NILTON CESAR		□Add
			□Remove
			■Change
			□ Add
			□Remove
			□Change
			□Remove
			□Change
<u></u>			□Add
		<u></u>	□Rепюче
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) LIVE TO REMOVE JOSE N FREGR NILTON CESAR E. Effective date, if other than the date of filling: (optional)

(if an effective date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. ter or authorized representative of a member

Typed or printed name of signee