

L140000017499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

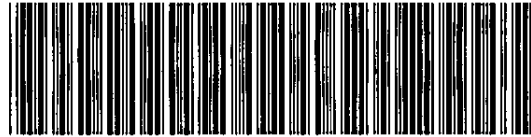
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/15/14--01013--017 **25.00

B. BOSTICK

MAY 15 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Regisa consulting LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Regiane de Almeida Santos
Name of Person

Regisa consulting LLC
Firm/Company

1246 S Military trail apt 622
Address

DEERFIELD Beach FL 33442
City/State and Zip Code

Regisa0207@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Regiane at (561) 305 0456
Name of Person 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**

Regisa Consulting LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/31/14 and assigned
Florida document number 46-4682597

This amendment is submitted to amend the following: LI400097499

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

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:

(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 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:

REGIANE De Almeida Santos

New Registered Office Address:

1246 S. Military Trail # 622

Enter Florida street address

Deerfield Beach, Florida 33442

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 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

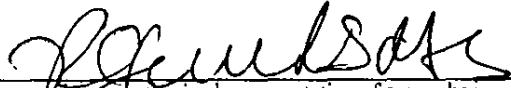
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Regiane DE Almeida SANTOS	1246 S. military trail Apt 622 - Deerfield Beach Florida 33442	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Regiane LEAL	1246 S. military trail Apt 622 - Deerfield Beach FL 33442	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 04/07, 2014.



Signature of a member or authorized representative of a member

REGIANE DE ALMEIDA SANTOS LEAL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

APR 10 2014

04/10/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2014

REGIANE DE ALMEIDA SANTOS
1246 S. MILITARY TRAIL
APT. 622
DEERFIELD BEACH, FL 33442

SUBJECT: REGISA CONSULTING LLC
Ref. Number: L14000017499

We have received your document for REGISA CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 614A00008321