

L15000173520

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(Address)

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☐ MAIL

(Business Entity Name)

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JUN 20 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2018

NILTON FREGNI
8615 COMMODITY CIRCLE, STE 11
ORLANDO, FL 32819 US

SUBJECT: ACTION LANGUAGE INSTITUTE, LLC.
Ref. Number: L15000173520

We have received your document for ACTION LANGUAGE INSTITUTE, LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 618A00011621



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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACTION LANGUAGE INSTITUTE, 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:

NILTON FREGNI

Name of Person

EXPAT CONSULTING CORP

Firm/Company

8615 COMMODITY CIRCLE, SUITE 11

Address

ORLANDO, FLORIDA - 32819

City/State and Zip Code

FERNANDA@EXPATCONSULTING.COM

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

For further information concerning this matter, please call:

NILTON FREGNI

407 745 11 12

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

NO\$1

RECEIVED
2018 JUN -1 PM 1:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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

ACTION LANGUAGE INSTITUTE, 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 10/12/2015 and assigned
Florida document number L15000173520.

This amendment is submitted to amend the following:

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

PLURAL LANGUAGE USA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

610 SYCAMORE STREET, SUITE 360

CELEBRATION, FL - 34747

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8615 COMMODITY CIRCLE, SUITE 11

ORLANDO, FL - 32819

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:

EXPAT CONSULTING CORP

New Registered Office Address:

8615 COMMODITY CIRCLE, SUITE 11

Enter Florida street address

ORLANDO

City

Florida 32819

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.


If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Rocket Holding LLC	610 SYCAMORE STREET	<input checked="" type="checkbox"/> Add
		SUITE 360	<input type="checkbox"/> Remove
		CELEBRATION, FL - 34747	<input type="checkbox"/> Change
AMBR	ESP USA Business Holding LLC	8615 COMMODITY CIRCLE	<input checked="" type="checkbox"/> Add
		SUITE 11	<input type="checkbox"/> Remove
		ORLANDO, FL - 32819	<input type="checkbox"/> Change
AMBR	Angelino Tardioli	ALAMEDA TERRAS ALTAS	<input type="checkbox"/> Add
↳ change the title and the address.		Nº 433, CASA 77	<input type="checkbox"/> Remove
		Santana de Paraiba, SP, 06544515	<input checked="" type="checkbox"/> Change
AMBR	Dea Tardioli	ALAMEDA TERRAS ALTAS	<input type="checkbox"/> Add
↳ change the title and the adress.		Nº 433, CASA 77	<input type="checkbox"/> Remove
		Santana de Paraiba, SP, 06544515	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 SEP 48 ECH-48
18 SEP 48 ECH-48

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Angelo Tardali
Signature of a member or authorized representative of a member

ANGELINO TARDIOLI
Typed or printed name of signee