

10/21/21, 2:37 PM

L18000026072

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : EXPAT CONSULTING CORP.
Account Number : 120190000096
Phone : (407)745-1112
Fax Number : (407)641-8083

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ACC@EXPATCONSULTING.COM

2021 OCT 21 PM 4:30

TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MEROLLI LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

TALLAHASSEE, FLORIDA

2021 OCT 21 PM 3:47

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEROLLI 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:

MARCELLA BORDIGNON
Name of Person
EXPAT CONSULTING CORP
Firm/Company
8615 COMMODITY CIRCLE STE 11
Address
ORLANDO FL 32819
City, State and Zip Code
ACC@EXPATCONSULTING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCELLA BORDIGNON
Name of Person
407 7451112
at ()
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEROLLI 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 01/29/2018 and assigned Florida document number L18000026072.

This amendment is submitted to amend the following:

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

DORISJOAO LLC

The new name must be distinguishable and contain 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)

8615 COMMODITY CIRCLE STE 11

ORLANDO FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8615 COMMODITY CIRCLE STE 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 STE 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.

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

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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

Title	Name	Address	Type of Action
AMBR	JOÃO LUIZ FELIX	5263 WILDWOOD WAY	<input checked="" type="checkbox"/> Add
		DAVENPORT FL 33837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DORIS CECILIA GASSEN FELIX	5263 WILDWOOD WAY	<input checked="" type="checkbox"/> Add
		DAVENPORT FL 33837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	ALESSANDRA F R MEROLLI	RUA CARLOS BENATO, 795, CASA 18	<input type="checkbox"/> Add
		CURITIBA, PR 82320-440 BR	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	GILBERTO MEROLLI NETTO	RUA CARLOS BENATO, 795, CASA 18	<input type="checkbox"/> Add
		CURITIBA, PR 82320-440 BR	<input type="checkbox"/> Remove
			<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

[illegible]

Typed or printed name of signee

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00