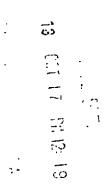
## 118000034997

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

ΓO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Name of Limited Liability Company  Dissed Articles of Amendment and fee(s) are submitted for filing.  Turn 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 - FL, 32,819  City/State and Zip Code  ACC@EXPATCONSULTING.COM  E-mail address: (to be used for future annual report notification)  et information concerning this matter, please call:  Name of Person  Area Code  Daytime Telephone Number  Lis a check for the following amount:  00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certificate of Status & Certified Copy  (additional copy is enclosed)		
Please return all correspo	ondence concerning this matter	to the following:	
	NILTON FREGNI		
	<del></del>	Name of Person	
	EXPAT CONSULTING C	CORP	
	<del></del>	Firm/Company	
	8615 COMMODITY CIRC	CLE, SUITE 11	
		Address	
	ORLANDO - FL. 32.819		
	<del>-</del>	ING.COM	
	E-mail address: (	to be used for future annual report notifi	ication)
For further information o	concerning this matter, please c	all:	
NILTON FREGNI			
Name (	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

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

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(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  $\frac{02/07/2018}{2}$ and assigned Florida document number \_\_\_\_\_L18000034997 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 13148 HEATHER MOSS DRIVE - APTO 320 Enter new principal offices address, if applicable: ORLANDO - FL. 32.837 (Principal office address MUST BE A STREET ADDRESS) 13148 HEATHER MOSS DRIVE - APTO 320 Enter new mailing address, if applicable: ORLANDO - FL. 32,837 (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: EXPAT CONSULTING CORP Name of New Registered Agent: 8615 COMMODITY CIRCLE, SUITE 11 New Registered Office Address: Enter Florida street address

## 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.

City

ORLANDO

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If aniending 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>	Address	Type of Action
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