

L18000160464

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000371413 3)))



H2500037141334BC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

2025 OCT 16 PM 2:16
TALLAHASSEE, FLORIDA

FILED

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

RECEIVED

2025 OCT 16 PM 2:52

TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANGELO GROUP USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

K. SALY

OCT 17 2025

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANGELO GROUP USA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

SILVIA FREGNI

Name of Person

EXPAT CONSULTING CORP

Firm/Company

8615 COMMODITY CIRCLE, STE 11

Address

ORLANDO - FL - 32819

City/State and Zip Code

SILVIA@EXPATCONSULTING.COM

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

For further information concerning this matter, please call:

SILVIA FREGNI

Name of Person

407 745-1112
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**

ANGELO GROUP USA LLC

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

FILED
2025 OCT 16 PM 2:16
REGISTRAR
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/10/2018 and assigned
Florida document number L18000166464.

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 "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:

New Registered Office Address:

Enter Florida street address

Florida

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.

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

Title	Name	Address	Type of Action
AMBR	AN-CA GROUP LTD	BAHAMAS FINANCIAL CENTER, 3RD FL	☒ Add
		BF 11, CHARLOTTE & SHIRLEY STREETS	☐ Remove
		NASSAU - BAHAMAS	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
25 OCT 16 PM 2:19
SECURITY
KALAMISSTC 11010

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-11-2001 BY 60322 UCBAW

FILED
2025 OCT 16 PM 2:16
TALLAHASSEE FL 32301

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.

Dated Orlando, 15 October, 2025

X _____
Signature of a member or authorized representative of a member

Alessandra Casagrande Angelo

Typed or printed name of signer