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S. YOUNG

COVER LETTER

	Registration Se Division of Cor		1		
Surife	EXPANSIC	ON PROPERTIES INTERNAT	IONAL LLC		
SOBJEC:		Name of Limi	ited Liability Company		
The enclo	sed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please rett	urn all correspo	ndence concerning this matter	to the following:		
		PROPERTIES INTERNATIONAL LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: ANTHONY MUSE Name of Person EXPANSION PROPERTIES INTERNATIONAL LLC Firm/Company 600 Cleveland Street. Suite 342 Address Clearwater, Florida 33755 City/State and Zip Code tony@expansionpropertiesint.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: Area Code 1 Sando Filing Fee & Sando Filing Fee & Sando Filing Fee. Certificate of Status & Certified Copy todditional copy is enclosed) Certified Copy			
		EXPANSION PROPERTION			
600 Cleveland Street, Suite 342					
		Clearwater, Florida 33755	Address		
		tony@expansionpropertiesi		<u> </u>	
		E-mail address: ()	to be used for future annual report notifi	ication)	
For furthe	r information c	oncerning this matter, please ca	all:		
ANTHON	NY MUSE	· · · · · · · · · · · · · · · · · · ·	at (
	Name o	EXPANSION PROPERTIES INTERNATIONAL LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. All correspondence concerning this matter to the following: ANTHONY MUSE Name of Person EXPANSION PROPERTIES INTERNATIONAL LLC Firm/Company 600 Cleveland Street. Suite 342 Address Clearwater, Florida 33755 City/State and Zip Code tony@expansionpropertiesint.com E-mail address: tto be used for future annual report notification) formation concerning this matter, please call: AUSE Name of Person Area Code Daytime Telephone Number check for the following amount: ling Fee Certificate of Status Certificate of Status & Certif			
Enclosed i	is a check for th	ne following amount:			
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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

/ Manage			<i>.</i>	
(<u>Name of the Lami</u>	ited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<u> </u>	
The Articles of Organization for this Limited L	Liability Company		and assigned	
Florida document number L19000070708	,		美	
This amendment is submitted to amend the fol	lowing:		7) S	
A. If amending name, enter the new name of	of the limited liab	ility company here:		
he new name must be distinguishable and contain the	words "Limited Liabii	lity Company," the designation "LLC" of	r the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	600 Cleveland Street, Suite 342		
Principal office address MUST BE A STREI	ET ADDRESS)	Clearwater, FL 33755		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		600 Cleveland Street, Suite 342 Clearwater, FL 33755		
		·		
<i>D D</i>	Anthony Muse	<u>e</u> :	enter the name of the	
registered agent and/or the new registered o	Anthony Muse	e: Street, Suite 342	enter the name of the	
-	Anthony Muse	Street, Suite 342 Enter Florida street address	enter the name of the	

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>	Type of Action
MGR	VANDRES MARTINEZ OJEDA. REINALDO ELIAS	3106 WINCHESTER DR. DUNEDIN, FL 34698	Add
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Note: If the date	is listed, the date must be so inserted in this block of	does not meet the ap	pplicable statutory f			
document's effec	tive date on the Depart	ment of State's rec	ords.			
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