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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.

Account Number : I20190000096 Phone : (407)745-1112 Fax Number : (407)641-8083

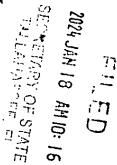
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SILVIA@EXPATCONSULTING.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PORTES & STHEL HOME VACATIONS LLC

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COVER LETTER

TO:	Registration Se Division of Cor			
CHRICA	PORTES &	STHEL HOME VACATION	S LLC	
SOBJE	.1:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ro	eturn all correspo	ondence concerning this matter	to the following:	
		SILVIA FREGNI		
			Name of Person	
		EXPAT CONSULTING C	ORP	
			Firm/Company	
		8615 COMMODITY CIR.	ST 11	
			Address	.
		ORLANDO - FL - 32819		
			City/State and Zip Code	
		SILVIA@EXPATCONSUI	.HNG.COM to be used for future annual report notific	ration)
For furth	ner information c	oncerning this matter, please c		
SILVIA	FREGNI		407 745.1112 at ()	
	Name o	f Person	Area Code Daytine	l'elephone Number
Enclosed	d is a check for the	he 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)
	MailingAddres Registration 5		<u>StreetAddress:</u> Registration Sect	ion
	Division of C		Division of Corp	

P.O. Box 6327 Tallahassee, Fl. 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

PORTES & STHEL HOME VACATIONS LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limits	ed Liability Compa (A Florida Limited I	ny as it now appears on our reco liability Company)	ords.)			
The Articles of Organization for this Limited Lie Florida document number	ability Company	were filed on <u>03/13/2019</u>	and assigned			
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liabi	lity company here:				
PORTES & STHEL LLC						
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applica	able:	16879 WINGSPREAD LOOP				
(Principal office address MUST BE A STREE)	T ADDRESS)	WINTER GARDEN - FL - 3	34787			
				_		
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE E	<u>30X)</u>			_		
				_		
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our records, <u>ent</u>	er the name of the new regis	<u>stered</u>		
Name of New Registered Agent:	EXPAT CONSU	JLTING CORP	024			
New Registered Office Address:	8615 COMMODITY CIR, ST 11		JAN T	<u> </u>		
		Enter Florida street addi	٠ ٠٠٠ يہ ج	•		
	ORLANDO	, ,	Florida 328190 😑 🗍	\ →		
		Ciŋ [.]	对被CVTE	J		
New Registered Agent's Signature, if changing R	egistered Agent:					
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this c	er and complete partered agent as partered agent as partered office of the change.	performance of my duties, rovided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document in the limited liability	'		

From: EXPAT CONSULTING

If amending Authorized Person(s) authorized to manage	, <u>enter the title</u>	c, name, and	l 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
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			ПRетоve
			□ Change
			□Remove
			□ Change
 -			□Add
			□Change

From: EXPAT CONSULTING

Typed or printed name of signee

SEBASTIAO TRISTAO STHEI