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.

(((H210004043123)))



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 : 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:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ACQUALIVE USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25,00

5 2021

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Se Division of Cor			
	VE USA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SILVIA FREGNI		
		Name of Person	
	EXPAT CONSULTING C	CORP	
		Firm/Company	
	8615 COMMODITY CIRC	CLE, ST.11	
		Address	
	ORLANDO - FL - 32819		
		City/State and Zip Code	
	SILVIA@EXPATCONSUI	LTING.COM to be used for future annual report not	(Fration)
For further information e	roncerning this matter, please c	•	нкаки)
SILVIA FREGNI		407 745.1112	
Name o	of Person	at () Area Code — Daytin	be Telephone Number
Enclosed 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 tadditional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>MailingAddres</u> Registration :		<u>StreetAddress:</u> Registration Se	ection
Division of C	Corporations	Division of Co The Centre of	
P.O. Box 632 Tallahassee.			rananassee se Street, Suite 810

Tallahassee, FL 32303

To: ~18506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

14076418083

			1 NOV
ACQUALIVE USA LLC			Q
(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Company	iy)	assa Axx
The Articles of Organization for this Limited L. Florida document number	·	06/26/2019	PM 3: 34
his amendment is submitted to amend the foll	owing:		D *
A. If amending name, enter the new name o	of the limited liability company	/ here:	
1. If all clothing manner, exter the new manner	int maned habitif company		
	and the second s	he designation the Company	abbreviation "L. I. C."
he new name must be distinguishable and contain the	words "Limited Elability Company," if	ne designation "LLU" or the	appreviation "L.L.C.
Inter new principal offices address, if applic	cable:		
Principal office address MUST BE A STREI			
Frincipal office damess 17031 BL ASTREE	I ADDRESS)		
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX		
			
3. If amending the registered agent and/or	registered office address on ou	ir records, enter the na	ame of the new register
gent and/or the new registered office addre			*************************************
Name of New Registered Agent:	EXPAT CONSULTING COR	.P	
Name of New Registered Agent:	EXPAT CONSULTING COR 8615 COMMODITY CIRCLE		
	8615 COMMODITY CIRCLE		
Name of New Registered Agent:	8615 COMMODITY CIRCLE	5, ST.11	32819

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.

nt, Signature of New Registered Agent

To: ~18506176383

MGR = Manager

Page: 6 of 8

2021-11-04 14:49:13 GMT

14076418083

From: EXPAT CONSULTING

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			\ \ \ \ \
			□Remove
			□Change
			□Add
			□Remove
			Change
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			Remove
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		·	□Add
			Remove
			□ Change
			🗖 Add
			Remove
			Change

D.

Effective date, if other than the date of filling: (optional) (an effective date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605.0207 Mote. If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filled. Dated 11/01 2021 Signature of a member or authorized representative of a member SIDNEY RODRIGUES								
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filled. Dated								
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