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.

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To:

Page: 2 of 8

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.

Account Number : 120190000096 Phone : (407)745-1112 : (407)641-8083 Fax Number

\*\*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 MALACARNE OLSTAN, LLC

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TO:

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Registration Section

# **COVER LETTER**

orations		
Name of Limi	ted Liability Company	<del></del>
mendment and fee(s) are sub-	nitted for filing.	
dence concerning this matter t	o the following:	
SILVIA FREGNI		
	Name of Person	<del></del>
EXPAT CONSULTING CO	ORP	
	Firm/Company	
8615 COMMODITY CIRC	LE, ST 11	
	Address	
ORLANDO - FL - 32819		
	City/State and Zip Code	<del></del>
E-mail address: (I	o be used for future annual report notification)	
oncerning this matter, please ca	di:	
	407 745.1112	
Person	Area Code Daytime Telephone N	lumber
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☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce	0.00 Filing Fee, crificate of Status & crified Copy ditional copy is enclosed)
ection orporations 7	StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St	
	NE OLSTAN, LLC  Name of Limit Amendment and fee(s) are subradence concerning this matter to  SILVIA FREGNI  EXPAT CONSULTING CO  8615 COMMODITY CIRC  ORLANDO - FL - 32819  SILVIA@EXPATCONSUL  E-mail address: (to oncerning this matter, please co Person  e following amount:  \$\Person\$ \$30.00 Filing Fee &	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Idence concerning this matter to the following:  SILVIA FREGNI  Name of Person  EXPAT CONSULTING CORP  Firm/Company  8615 COMMODITY CIRCLE, ST 11  Address  ORLANDO - FL - 32819  City/State and Zip Code  SILVIA@EXPATCONSULTING.COM  E-mail address: (to be used for future annual report notification)  oncerning this matter, please call:  407 745,1112  at (407 745,1112  Area Code Daytime Felephone N  Certificate of Status Certified Copy  Company  Significant Copy Company  Company  Significant Copy Compa

Tallahassee, FL 32303

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the	Limited Liability Company as it now an (A Florida Limited Liability Compa	ny)	
The Articles of Organization for this Limit Florida document numberL190002791		11/08/2019	and assigned
This amendment is submitted to amend the	following:		
A. If amending name, enter the new name	ne of the limited liability compan	y here:	
The new name must be distinguishable and contain	the words "Limited Liability Company,"	the designation "LLC" or the	abbreviation "L.IC."
Enter new principal offices address, if a	pplicable:		83
(Principal office address MUST BE A ST	REET ADDRESS)		<u> </u>
Enter new mailing address, if applicable	::		30 TB
(Mailing address MAY BE A POST OFF	ICE BOX)		1.63 T: 5
B. If amending the registered agent and agent and/or the new registered office a		ur records, <u>enter the n</u>	~ <del>4-</del>
Name of New Registered Agent:	EXPAT CONSULTING CO	RP	
New Registered Office Address:	8615 COMMODITY CIRCL		
	<del>-</del>	r Florida street address	
	ORLANDO	, Florida	32819 Zin Code
	City		ир соце

#### 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, Agenture 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

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Title	Name	Address	Type of Action
AMBR	MARIANA MERCEDES DE OLIVEIRA OLISTAN	9210 ROYAL ESTATES BLVD	■Add
		ORLANDO - FL - 32836	□Remove
			□Change
			□Add
			Remove
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