

L19000295819

Florida Department of State
Division of Corporations
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To:
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE FIVE AMERICAN HOT DOG LLC

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE FIVE AMERICAN HOT DOG LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NILTON FREGNI
Name of Person

EXPAT CONSULTING CORP
Firm/Company

8615 COMMODITY CIR STE 11
Address

ORLANDO, FL 32819
City/State and Zip Code

ACC@EXPATCONSULTING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NILTON FREGNI at (407) 7457411
Name of Person 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

THE FIVE AMERICAN HOT DOG LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/03/2019 and assigned Florida document number 1.19000295819.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BORGES, FRAIM MATHEUS	4667 GARDENS PARK BLVD UNIT 1309	<input type="checkbox"/> Add
		ORLANDO, FL 32839	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BORGES, ABRAO	4667 GARDENS PARK BLVD UNIT 1309	<input type="checkbox"/> Add
		ORLANDO, FL 32839	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BORGES FILHO, EROTIDES	4667 GARDENS PARK BLVD UNIT 1309	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32839	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EIN: 84-3990274

Multiple horizontal lines for amending information.

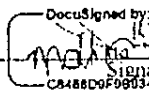
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the record is filed

Dated AUGUST 13, 2020

DocuSigned by: 

Signature of a member or authorized representative of a member

BORGES, FRAIM MATHEUS

Typed or printed name of signee

Filing Fee: \$25.00