Electronic Filing Cover Sheet

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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H200002783883ABC5

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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: acc@expatconsulting.com

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

Certificate of Status	0
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Page Count	06
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Electronic Filing Menu

Corporate Filing Menu

Help

Y SULKER
AUG 14 2020

Tallahassee, Fl. 32314

COVER LETTER

01 IS 15 cm	THE FIVE	AMERICAN HOT DOG LLC		
SUBJECT	:	Name of Limi	ted Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please retur	n all correspo	Name of Person Area Code Daytime Telephone Number Check for the following amount: Ling Fee \$\Bigsis \$30.00 \text{ Filing Fee } \Bigsis \Bigsis \$55.00 \text{ Filing Fee } \Bigsis \Bigsis \$60.00 \text{ Filing Fee}. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: istration Section Registration Section Division of Corporations		
		NILTON FREGNI		
			Name of Person	
		EXPAT CONSULTING C	ORP	
			Firm/Company	
		8615 COMMODITY CIR	STE H	
			Address	· · · · · · · · · · · · · · · · · · ·
		ORLANDO, FL 32819		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
				et notification)
For further	information c			
NILTON F				! 1
		of Person	at () Area Code I	Daytime Telephone Number
Enclosed is	s a check for t	he following amount:		
€ \$25.00) Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>, M</u>	Iailin <u>e Addre</u>	<u>ss:</u>		
	-			
	O. Box 63:			

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 DO		nany as it now appears of Liability Company)	n our records.)	<u></u>
-	(A Florida Limite	d Liability Company)		
The Articles of Organization for this Limited L. Florida document number L19000295819		ny were filed on 12/03	5/2019	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited li	ability company here	; :	
N/A				
The new name must be distinguishable and contain the v	vords "Limited Li	ability Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE				
Trincipal office and constants				711.
				2020
Enter new mailing address, if applicable:		N/A		77 1
(Mailing address MAY BE A POST OFFICE	ROY)			
(Maning dauress MAT BE A FOST OFFICE	ВОЛ			
				0
B. If amending the registered agent and/or agent and/or the new registered office addre	registered offic	ce address on our rec	ords, <u>enter the</u> na	ime of the new registere
Name of New Registered Agent:	N/A	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:				
New Registered William Parties.		Enter Florid	a street address	
			, Florida	Zıp Code
		Cny		Zip Code
New Registered Agent's Signature, if changing	Registered Age	nt:		
I hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and compl istered agent of registered off	ete performance of n as provided for in Ch	ny duties, and Lai papter 605, F.S. C	n familiar with and)r, if this document is
	if C	hanging Registered Ages	nt, Signature of New	Registered Agent

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

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	BORGES, FRAIM MATHEUS	4667 GARDENS PARK BLVD UNIT 1309	🗆 Add
		ORLANDO, FL 32839	Remove
			□Change
AMBR	BORGES, ABRAO	4667 GARDENS PARK BLVD UNIT 1309	□Add
		ORLANDO, FL 32839	Remove
			□Change
AMBR	BORGES FILHO, EROTIDES	4667 GARDENS PARK BLVD UNIT 1309	= Add
		ORLANDO, FL 32839	Remove
			□Change
			□ Add
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			🖸 Add
			Remove
			□ Change

DocuSign Envelope ID: 5B81FCAF-6F39-4057-829D-637F64BCCA2F

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 695.020. Note: If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The date is filed to the first of the specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695.020 document's effective date on the Department of State's records. The date is inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as document's effective date, but not an effective time, at 12-01 a.m. on the cartier of: (h). The 90th day after the ord is filed Dated AUGUST 13 2020 Decodapsed by: Location of the filing: Document of a member of a member of authorized representative of a member. BORGES, FRAIM MATHEUS	If amending any other informati EIN: 84-3990274	on, enter change(s) he	ге: (Анасп авато	nai sneeis, y necessar _i	v. <i>)</i>
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Filing Fee: \$25.00