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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name ; EXPAT CONSULTING CORP.

Account Number : 120190000096 : (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: acc@expatconsulting.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 6184 BROAD OAK DR LLC

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SULKER

COVER LETTER

TO: Registration Sec Division of Corp			
	AD OAK DR LLC		
SUBJECT:	Name of Limi	ited Liabitity Company	<u></u>
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	NILTON FREGNI		
		Name of Person	
	EXPAT CONSULTING C	ORP	
	 	Firat/Company	
	8615 COMMODITY CIRC	CLE SUFFE 11	
		Address	
	ORLANDO, FL 32819		
		City/State and Zip Code	
	acc@expateonsulting.com E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
NILTON FREGNI		407 7451112	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		7
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 63: Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations
, correction and the	· ·- ·· - · · ·	Tallahassee, FL	, 32303

Page 5 of 7

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

(Name of the Limi	ited Liability C	ompany as it now appears on or nited Liability Company)	ur records.)	
	7A Florida Un	nited Liability Company)		
The Articles of Organization for this Limited L	_iability Com	pany were filed on 01/03/20	20 and assign	ned
lorida document number 1.20000017243				
torida document number				
his amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name o	of the limited	liability company here:		
5148 BROAD OAK DR LLC				
he new name must be distinguishable and contain the	words "Limited	Liability Company," the designat	ion "LLC" of the abbreviation "L.L.C	
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREE		.S)		
· · · · · · · · · · · · · · · · · · ·				
Enter new mailing address, if applicable:		N/A		
	: PO30		1.1	
(Mailing address MAY BE A POST OFFICE BOX)			= = = = = = = = = = = = = = = = = = = =	•
3. If amending the registered agent and/or		Mercan an arm massand	ب	 • • oniet
s. It amending the registered agent and/or gent and/or the <u>new registered office addre</u>		ince address on our record	s, enter the name of the new t	!
			;; ;;	1
N. P. C. C. L. L. L. C.	N/A		. 10	
Name of New Registered Agent:	·		, 133	
New Registered Office Address:				
		Enter Florida str	eet address	
			, Florida Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

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

Title	Name	Address	Type of Action
			□Add
			TRemove
			□Change
			□Add
			□Remove
			(TChange
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			□Remove
			🗆 Add
			□Remove
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			□Remove
			f I Cleanare

. If amending any other informa	non, enter change(s)	here: (Allach a	admonal sheets,	ij necessary.)	
					
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			<u> </u>	<u> </u>	
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Effective date, if other than the (It at effective date is listed, the date mu. Note: If the date inserted in this bl document's effective date on the D	ock does not meet the a	applicable statutor	ng or more than 90 di ry filing requireme	(optional) nys arter filing.) Pursuani nts, this date will not	to 605.0207 (3 be listed as th
he record specifies a delayed effectived is filed.	re date, but not an effec	tive time, at 12:0	1 a.m. on the earlie	r of: (h) - The 90th di	iy after the
Dated	2020	·			
	<u>Mickael V Bra</u> Signature of a member o	andao Pa	olucci entative of a member		
		·			
BRANDAO PAOLUC		r printed name of s	ignee		