

4/13/2020

Division of Corporations

# Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.  
 Account Number : 120190000096  
 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 SNOWBIRD2020 LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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 TALLAHASSEE, FLORIDA

RECEIVED

2020 APR 14 AM 7:06

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APR 15 2020

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SNOWBIRD2020 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 CIRCLE 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

407 7451112  
at ( )

\_\_\_\_\_  
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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNOWBIRD2020 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 03/06/2020 and assigned  
Florida document number 120000074110.

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:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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**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

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**Managing 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	O TAVARES, FERNANDO	RUA DAS ALGAS 870	<input type="checkbox"/> Add
		JURERE, SC 88053-505 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	P TAVARES, VIVIANE R	RUA DAS ALGAS 870	<input type="checkbox"/> Add
		JURERE, SC 88053-505 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CRUVINEL HORTA, MARIA N	RUA MODESTO CARVALHO ARAUJO 480	<input checked="" type="checkbox"/> Add
		BELO HORIZONTE, MG 30320-410 BR	<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.)*

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[illegible]

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 April 06, 2020

Discussed by: Fernando Oliveira Tavares  
 2E264110BF0441E  
 uthorized representative of a member

OLIVEIRA TAVARES, FERNANDO

Typed or printed name of signee

**Filing Fee: \$25.00**