6/18/2021

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.

Account Number : I20190000096 : (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 **CR7 AMERICAS LLC**

| Certificate of Status | 0 |
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From: EXPAT CONSULTING

COVER LETTER

| | on of Corp | | | |
|----------------------|--------------|--|---|---|
| | r7 amer | ICAS LLC | | |
| SURJECT: | <u> </u> | Name of Limi | ted Liability Company | |
| The enclosed A | raicles of A | Amendment and feo(s) are sub- | nitted for filing. | |
| | | ndence concerning this matter | | .2021 SE JAL |
| | | MARCELLA BORDIGNO | N | 2021 JUN 18 AT SECRETARY OF TALL ANASSEE. |
| | | | Name of Person | SS <u>8</u> |
| | | EXPAT CONSULTING C |)RP | |
| | | | Fimt/Company | 7: 43 |
| | | 8615 COMMODITY CIRC | LE STE 11 | TINE STATE |
| | | | Address | |
| | | ORLANDO FL 32819 | _ | |
| | | | City/State and Zip Code | |
| | | ACC@EXPATCONSULTI | | |
| | | E-mail address: (| o he used for future annual (eport notification) | |
| For further info | ormation co | oncerning this matter, please co | ની: | |
| MARCELLA | BORDIGN | ION | 407 7451112 | |
| | Name of | f Person | Area Code Daytime Telepho | ne Number |
| Enclosed is a c | heck for th | ne following amount: | | |
| ■ \$25.00 Fil | | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ Certified Copy tadditional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Maili</u> Regi | ing Addres | i <u>s:</u> Section | Street Address: Registration Section | |
| | | Corporations | Division of Corporatio | ns |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CR7 AMERICAS LLC | | | | _ |
|--|---|--|---|--|
| (Name of the Limite | d Liability Compa A Florida Limited I | ny as it now appears (liability Company) | on our records.) | |
| The Articles of Organization for this Limited Lie Florida document number L20000387697 | ibility Company | were filed on 01/03 | 2/2021 | and assigned |
| This amendment is submitted to amend the follo | wing: | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here | <u>e</u> : | |
| N/A | | | | |
| The new name must be distinguishable and contain the wi | ords "Limited Liabi | lity Company," the des | ignation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applica | ıble: | N/Λ | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | <u></u> | | |
| | | <u> </u> | <u> </u> | |
| Enter new mailing address if applicable: | | N/A | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE I | DVA) | | | |
| | | | | |
| B. If amending the registered agent and/or reagent and/or the new registered office addres | egistered office : <u>s here</u> : | address on our rec | cords, <u>enter the na</u> | me of the new registere |
| Name of New Registered Agent: | N/A | | | |
| Traine of the regimened right. | | | | |
| New Registered Office Address: | | Enter Florid | la street address | |
| | | | 77 | |
| | | City | , Florida | Zin Code |
| | | • | | , |
| New Registered Agent's Signature, if changing F | | | | |
| I hereby accept the appointment as registere provisions of all statutes relative to the prope | d avent and avi | ree to act in this co | apacity. I further a | igree to comply with th |
| provisions of all statutes retailed to the propagations of my position as registering filed to merely reflect a change in the company has been notified in writing of this | er and complete stered agent as registered office | e performance of n provided for in Cl | ny duties, ana 1 di hapter 605, F.S. C | n jamiliar with and Fr. if this document is |
| accept the obligations of my position as regi- being filed to merely reflect a change in the | er and complete stered agent as registered office | e performance of n provided for in Cl | ny duties, ana 1 di hapter 605, F.S. C | n jamiliar with and Fr. if this document is |

To: 18506176383

Page: 4 of 5

2021-06-18 15:26:45 UTC

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From: EXPAT CONSULTING

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 |
|-------|--------------------------|---------------------------------|-----------------|
| AMBR | FONSECA RODRIGUES, RENAN | 11018 GRANDE PINES CIR APT 1230 | |
| | | ORLANDO FL 32821 | ≡ Remove |
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| | | (optional) |
| fective date, if other than the d | ite of filling: e specific and cannot be prior to date of filing or m | sure than 90 days after tiling.) Pursuant to 605,020 |
| ate: If the date inserted in this bloc | k does not meet the applicable statutory filin artment of State's records. | ig requirements, this date will not be listed as |
| entition is effective date on the iself | Millen of State 9 records. | |
| and a configuration | detection affective time at 12-01 a.m. | on the earlier of: (b) The 90th day after the |
| ecord specifies a delayed effective is filed. | iate, and not an effective time, at 12.01 d.m. | on the carrier of too the solutions |
| | | |
| JUNE 17 | 2021 | |
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| <i>^</i> | 4 | |
| (| gnature of a member or authorized representative | |