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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: SILVIA@EXPATCONSULTING.COM

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COVER LETTER

	tration Se ion of Cor					
	SIA LINK	LLC				
SUBJECT: _		Name of Lim	ited Liability Company			
The enclosed A	Articles of .	Amendment and fee(s) are sub	mitted for filing.		203 Tř	
Please return a	ll correspo	ndence concerning this matter	to the following:			-(
		SILVIA FREGNI			2021 AUG 18 AM II: 07 SECRETARY OF STATE TALL AHVISSEE, FLURIDA	てーニュ
			Name of Person		Charles B	Ţ
		EXPAT CONSULTING C	ORP		- E	
			Firm/Company		000	
		8615 COMMODITY CIRC	CLE, ST.11			
			Address	,		
		ORLANDO - FL - 32.819				
		 -	City/State and Zip Code			
		SILVIA@EXPATCONSUI	TING.COM to be used for future annual report notific	ration)		
For further infe	ormation c	oncerning this matter, please c		,		
SILVIA FREC			407 745.1112			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a c	theck for th	ne following amount:				
■ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Regi	ingAddres stration ?		<u>StreetAddress:</u> Registration Sect Division of Corp			

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

From: EXPAT CONSULTING

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASIA LINK LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp	any were filed on $\frac{01/27/2021}{}$	andassigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	iability Company," the designatio	n"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our records,	enter the name of the new registere

New Registered Office Address:	Emer Florida stree	t address
		, Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my dut as provided for in Chaptet	ties, and I am familiar with and • 605, F.S. Or, if this document is
īf	Changing Registered Agent, Sign	nature 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

Page, 7 of 8

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DE ARAUJO POLEZA, FERNANDA		🗆 Add
			=Remove
			□Change
AMBR	KORMANN MACIEL, CAIRO AUGUSTO	2301 LAGUNA CIRCLE, APT.1203	= Add
		NORTH MIAMI BEACH - FL - 33181	□Remove
			□Change
			□Add
			Remove
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fan effecti <u>Note:</u> If:	the date inserted in this	the date of filing; must be specific and cannot be s block does not meet the a e Department of State's rec	prior to date of filing or m pplicable statutory filin	(options) note than 90 days after filing requirements, this day	ng.) Punsuani 10 605,0207 (3)(b)