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.

(((H210003586993)))



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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: SILVIA@EXPATCONSULTING.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EKITALJAPANESE FOOD LLC

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SEP 2 7 2021

S. PRATHER

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## **COVER LETTER**

TO: Registration Se Division of Cor			
	PANESE FOOD LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Silvia Fregni		
		Name of Person	
	Expat Consulting Corp		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	8615 Commodity Cir. st.11		
	,	Address	
	orlando - FI - 32.\$19		
		City/State and Zip Code	<del></del>
	silvia@expateonsulting.com	i to be used for future annual report notif	ionian)
For further information c	concerning this matter, please co		(1.11.47)
Silvia Fregni		407 745.1112	
Name o	of Person	at () Area Code Daytime	: Felephone Number
Enclosed is a check for t	he following amount:		
■ \$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)
<u>MailingAddre</u> Registration		<u>StreetAddress:</u> Registration Sec	ction
Division of C		Division of Cor	porations
P.O. Box 632		The Centre of T	allahassee

Tallahassee, Fl. 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

14076418083

From: EXPAT CONSULTING

DocuSign Envelope ID: 21FD5174-05DD-4F78-9052-7A4F1DC16360

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EKITALJAPANESE FOOD LLC	r	I SEP 2	<u>_1</u>
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)	24 PM	FILED
The Articles of Organization for this Limited Liability Company	were filed on $\frac{04/13/2021}{}$	PM 12: 51	
Florida document number L21000171369  This amendment is submitted to amend the following:		> <del>-</del>	
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbr	eviation "E.L.C."	-
Enter new principal offices address, if applicable:	15035 GUALBERRY RUN		_
(Principal office address MUST BE A STREET ADDRESS)	WINTER GARDEN - FL - 34787		_
			_
Enter new mailing address, if applicable:	15035 GUALBERRY RUN	_	_
(Mailing address MAY BE A POST OFFICE BOX)	WINTER GARDEN - FL - 34787		_
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name	of the new regist	- <u>ered</u>
Name of New Registered Agent:			_
New Registered Office Address:	Enter Florida street address		_
<del> </del>	Florida	Zip Code	<del>-</del>

## 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.

To: -18506176383 Page: 7 of 8 2021-09-24 13:52:01 GMT 14076418083 From. EXPAT CONSULTING

Occusign Envelope ID: 21FD5174-05DD-4F78-9052-7A4F1DC16360 If amounting Authorized rerson(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>	Address	Type of Action
MGR	DATCHO, JANICE REGINA	15035 GUALBERRY RUN	⊜A′dd
		WINTER GARDEN - ΓL - 34787	Remove
			□ Change
AMBR	GOMES CANDIDO LEANDRO		□Add
			≅Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□ Change
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If amending any other information, enter ch	iange(s) here. (Anach	additional sneeds, y necesse	и у.,
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			<del></del>
		**************************************	
			<del></del>
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Mective date, if other than the date of filing fan effective date is listed, the date must be specific and Note: If the date inserted in this block does not to locument's effective date on the Department of Second specifies a delayed effective date on the 90th day after the record is filed.	neet the applicable statuto State's records. date, but not an effec	ry filing requirements, this da	ite will not be listed as the
9/22/2021 Pated			32.
DocuSigned by:			)021 )EC)
JANICE REGINA DATCHO  CB7624EDEA6C4C6 Signature of a r	member or authorized repres	entative of a member	<del>- ≨</del> SE .
	a Databa		P 24 PH
Janice Regin	Typed or printed name of s	ignee	
Janice Regin		ignee	2021 SEP 24 PM 12: 5 SECRITARY OF STATE ALLAHASSEE, FLORID