6/16/2021

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 Phone : (407)745-1112

Fax Number : (407)641-8983

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

EMAIL Address: INCOMETAX @ EXPATCONSULTING. COM

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COVER LETTER

TO:	Registration Security Division of Cor					
SURJE	LF JOBS L	LC				
SUBJE	CI:	Name of Limi	ted Liability Company			
The enc	losed Articles of .	Amendment and fee(s) are sub-	nitted for filing.			
Please 10	eturn all correspo	ndence concerning this matter (to the following:			
		MARCELLA BORDIGNO	N			
			Name of Person			
		EXPAT CONSULTING C	ORP			
			Firm/Company			
	8615 COMMODITY CIRCLE STE 11					
			Address			
		ORLANDO FL 32819				
		 -	City/State and Zip Code			
		INCOMETAX@EXPATCO	ONSULTING.COM to be used for future annual report notifi	cation)		
				current,		
For furt	her information c	oncerning this matter, please ca				
MARC	ELLA BORDIG	NON	407 7451112 at()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclose	d is a check for the	he following amount:				
∃ \$25	5,00 Filing Fee	S30.00 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		Street Address: Registration Sec	tion		

Mailing Address:
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y Company as it now appears on our Limited Liability Company)	records.)
(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 05/31/2021 and assigned electrical document number 121000253303 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
 ·	
ited liability company here:	
ited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
and assigned The property of Organization for this Limited Liability Company were filed on 05/31/2021 The property of Organization for this Limited Liability Company were filed on 05/31/2021 The property of the submitted to amend the following: The property of the new name of the limited liability company here: The distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" The property of the property of the designation "LLC" or the abbreviation "LLC" The property of the pro	
RESS)	
N/A	I G PR I D
d office address on our records,	enter the name of the new registere
Fator Florido Aree	address
rance r tortud sirec	
Cin	
	ited liability company here: iited liability company here: iited Liability Company." the designation N/A N/A N/A Enter Florida stree

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

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2021-06-16 17:29:13 UTC

14076418083 From: EXPAT CONSULTII

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	FIDELIS PEREIRA, LUCAS I.	2201 PALMETTO GLEN DR	
		APT 6207	□ Rетюче
		KISSIMMEE FL 34741	
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			Change
			DAὐd
			□ Remove
			Change
			bbA ₪
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			□Change
			□Add
			Remove
			Change
			□Add
			Remove
			□ Change

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an effective date is listed, the date mu ote: If the date inserted in this b	st be specific at lock does not	nd cumnot be prid meet the appli	or to date of lilir cable statutor	ng or more than ' '' filing requin	20 days after filir Ements, this da	ig.) Pursuant to 60 te will not be lis	o.uzu. ted as
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