Division of Corporations Electronic Filing Cover Sheet

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(((H210004153713)))



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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.

Account Number : I20190000096 : (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/L MCMV PROPERTIES LLC

Certificate of Status Certified Copy Page Count 06Estimated Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

Tallahassee, Fl. 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

From: EXPAT CONSULTING

COVER LETTER

poracions		
ROPERTIES LLC		
Name of Lin	ited Liability Company	
Amendment and fee(s) are sub	omitted for filing.	
ondence concerning this matter	to the following:	
SILVIA FREGNI		
	Name of Person	
EXPAT CONSULTING C	CORP	
	Firm/Company	
8615 COMMODITY CIR	CLE, ST.11	
	Address	
ORLANDO - FL - 32819		
	City/State and Zip Code	
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if Person	Area Code Dayt	time Telephone Number
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☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Section	StreetAddress: Registration S	
	Division of C	·
	Amendment and fee(s) are substance concerning this matter SILVIA FREGNI EXPAT CONSULTING C 8615 COMMODITY CIRC ORLANDO - FL - 32819 SILVIA@EXPATCONSULT E-mail address: (concerning this matter, please concerning this matter, please concerning this matter.) Terminal concerning this matter.	ROPERTIES LLC Name of Limited Liability Company Famendment and fee(s) are submitted for filing. ondence concerning this matter to the following: SILVIA FREGNI Name of Person EXPAT CONSULTING CORP Firm/Company 8615 COMMODITY CIRCLE, ST.11 Address ORLANDO - FL - 32819 City/State and Zip Code SILVIA@EXPATCONSULTING.COM E-mail address: (to be used for future annual report in concerning this matter, please call: at (407

From: EXPAT CONSULTING

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCMV PROPERTIES 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 on06/15/2021	andassigned
Florida document number L21000277755	
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 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)	·
B. If amending the registered agent and/or registered office address on our records, enter the na agent and/or the new registered office address here:	me of the new registere
	28
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Sg . 1
Enter Florida street address	70 0
, Florida	
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>

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 2021-11-09 18:18:28 GMT 14076418083 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	G.DA SILVEIRA, JOAO PAULO	8920 PRAGUE WAY	🗆 Add
		KISSIMMEE - FL - 34747	□Remove
			■ Change
AMBR	GORRAO DA SILVEIRA, ALINE	8920 PRAGUE WAY	□Add
		KISSIMMEE - FL - 34747	□Remove
			= Change
			□Add
			Change
			DAdd
		-	□Remove
			□ Change
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			□Remove
			□ Channa

From: EXPAT CONSULTING

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 Neg.; If the date inserted in this block does not meet the applicable starturery filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filled. Signature of a filtibody as embanated togeteensative of a member TOAO PANIO 6 DA SILVEIRA Typed or printed name of signee		ng any other into	rmanon, enter	canada (s) dere: (A	ttach additional sheets,	y necessary.)	_
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records, where record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.						,	_
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Signature of a member at substantial representative of a member	ated	11/09		2021			NOV
Signature of a member of a member of a member		, (\$5.	-9
JOAN CAUS 6 70 COURTED		Х	Signature of	a member as authorized	representative of a member		70
5.25 (175.1.) (C.86.5.1) (A. 1575.) ANNA						7	

Page 3 of 3