6/15/22, 2:28 PM

Division of Corporations



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.

(((H22000208543 3)))



H220002085433ABC-

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

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

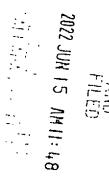
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: acc@expatconsulting.com

15 PH 3: 25

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEB MULTISERVICES LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |



Electronic Filing Menu

Corporate Filing Menu

Help

JUN 1 6 2022 K Brumbley

## **COVER LETTER**

| tion<br>orations                              |  | ·  |  |  |
|---|--|--|--|--|
| SERVICES LLC                                  |  |  |  |  |
| Name of Lim                                   | aited Liability Company  |  |  |  |
|   |  |  |  |  |
| mendment and fee(s) are sub                   | mitted for filing.   |  |  |  |
| dence concerning this matter                  | to the following:  |  |  |  |
| NILTON CESAR FREGN                            | π  |  |  |  |
|   | Name of Person   | <del></del>  |  |  |
| EXPAT CONSULTING (                            | CORP   |  |  |  |
|   | Firm/Company   |  |  |  |
| 8615 COMMODITY CIR                            | CLE STE 11   |  |  |  |
|   | Address  |  |  |  |
| ORLANDO, FL 32819                             |  |  |  |  |
|   | City/State and Zip Code  |  |  |  |
| acc@expatconsulting.com                       |  |  |  |  |
|   |  | nncation)  |  |  |
| ncerning this matter, please c                | ail:   |  |  |  |
| П   | 407 745-1112   |  |  |  |
| Person  |  | me Telephone Number  |  |  |
| following amount:                             |  |  |  |  |
| S30.00 Filing Fee & Certificate of Status     | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)   | Sectificate of Status & Certificate Copy (additional copy is enclosed)   |  |  |
| ection  | Street Address:<br>Registration S  | ection   |  |  |
| Registration Section Division of Corporations |  | Division of Corporations   |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314        |  | Tallahassee<br>oe Street, Suite 810  |  |  |
|   | SERVICES LLC  Name of Lim  mendment and fee(s) are sub dence concerning this matter  NILTON CESAR FREGN  EXPAT CONSULTING (  8615 COMMODITY CIR  ORLANDO, FL 32819  acc@expatconsulting.com  E-mail address: (  neerning this matter, please of  Certificate of Status  ection  rporations | Name of Limited Liability Company  mendment and fee(s) are submitted for filing.  dence concerning this matter to the following:  MILTON CESAR FREGNI  Name of Person  EXPAT CONSULTING CORP  Firm/Company  8615 COMMODITY CIRCLE STE 11  Address  ORLANDO, FL 32819  City/State and Zip Code  acc@expatconsulting.com  E-mail address: (to be used for future annual report no accrning this matter, please call:  Area Code  Tollowing amount:  \$330.00 Filing Fee & Certificate of Status  Certificate of Status  Street Address:  Registration S  Division of Company  Street Address:  Registration S  Division of Company  Street Address:  Registration S  Division of Company  Order Address:  According the search of Company  Street Address:  Registration S  Division of Company  Division of Company  According the search of Company  Street Address:  Certificate of Company  Street Address:  Registration S  Division of Company  Division of Company  Company  Company  Street Address:  Registration S  Division of Company  Division of Company  Company  Company  City/State and Zip Code  Company  Area Code  Dayting Fee & Certified Copy  (additional copy is enclosed) |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LEB MULTISERVICES LLC   |  |             |             |             |   |
|---|--|-------------|-------------|-------------|---|
| (Name of the Limi   | ted Liability Company as it now appears on our re<br>(A Florida Limited Liability Company) | ecords.)    |             | <del></del> |   |
| The Articles of Organization for this Limited L Florida document number L21000360176        | lability Company were filed on 08/10/2021  | <u>.</u>    | aı          | nd assig    | gned  |
| This amendment is submitted to amend the foll   | owing:   |             |             |             |   |
| A. If amending name, enter the new name of  | f the limited liability company here:  |             |             |             |   |
| The new name must be distinguishable and contain the v                                      | words "Limited Liability Company," the designation   | "LLC" or th | e abbreviat | ion "L.L    | .C."  |
| Enter new principal offices address, if applie  | cable:   |             |             |             |   |
| (Principal office address MUST BE A STREE   | ET ADDRESS)  |             |             |             |   |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE             | BOX)   |             |             |             |   |
| B. If amending the registered agent and/or agent and/or the new registered office addressed |  | nter the n  | name of the | 022         | registered                                  |
| Name of New Registered Agent:   | EXPAT CONSULTING CORP  |             |             | MUL         | <u>,                                   </u> |
| New Registered Office Address:  | 8615 COMMODITY CIRCLE, STE 11  |             | : `         | υ<br>U      |   |
|   | Enter Florida street o   |             | <br><br>    | <u>=</u>    |   |
|   | ORLANDO  | _, Florida  |             | <del></del> | ·············                               |
|   | City   |             | Zip         | Code        |   |

#### 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.

If Changing Registered Agent, Signature of New Registered Agent

To: SUNBIZ Page: 7 of 8 2022-06-15 18:34:15 GMT 14076418083

From: EXPAT CONSU

# 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 = M $AMBR = A$ | anager<br>uthorized Member |         |                |
|--------------------|----------------------------|---------|----------------|
| <u>Title</u>       | Name                       | Address | Type of Action |
|                    |                            |         |                |
|                    |                            |         | □ Remove       |
|                    |                            |         | ☐ Change       |
|                    |                            |         |                |
|                    |                            |         | □Remove        |
|                    |                            | <u></u> | Change         |
|                    |                            |         |                |
|                    |                            |         | □Remove        |
|                    |                            |         | □Change        |
|                    |                            |         | □Add           |
|                    |                            |         | □Remove        |
|                    |                            |         | ☐ Change       |
|                    |                            |         | □Add           |
|                    |                            |         | □Remove        |
|                    |                            |         | ☐ Change       |
|                    |                            |         | □ Add          |
|                    |                            |         | □Remove        |
|                    |                            |         | ☐ Change       |

| . If amend                    | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
|-------------------------------|---|
| <del></del>                   |   |
|                               |   |
|                               |   |
| <del></del>                   |   |
|                               |   |
|                               |   |
|                               |   |
| , <del></del>                 |   |
|                               |   |
|                               |   |
|                               |   |
| _                             | <u> </u>  |
| _                             | 4   |
| _                             |   |
| Note: If t                    | date, if other than the date of filing:  ve 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 (3 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records. |
| he record sp<br>ord is filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the   |
| Dated                         | NE 6 2022   |
|                               | Signature of a member of antiproted representative of a member  |
|                               | GIULIANA YURI SATO BURGOS   |
|                               | Typed or printed name of signee   |