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īa:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPAI CONSULTING CORP.

Account Number : 120190000095 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 BETHEL PROPERTY MANAGEMENT LLC

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Page Count	06
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TO:

Registration Section

COVER LETTER

Division of Co	rporations		
	PROPERTY MANAGEMENT	LLC	
SUBJECT:	Name of t in	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SILVIA FREGNI		
		Name of Person	
	EXPAT CONSULTING O	ORP	
		1 инг.Company	
	8615 COMMODITY CIR	. \$1.11	
	<u></u>	Address	-111-14
	ORLANDO - FL - 32819		
		City State and Zip Code	
	SILVIA:@EXPATCONSU		
	U-mail address, (to be used for future annual report not	dicanom
For further information c	concerning this matter, please c	all:	
SILVIA FREGNI		407 745-1112	
Name o	of Person	at ()	ne Telephone Number
Unclosed is a check for the	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Lee & Certified Copy (additional copy is enclosed)	_ \$60,00 Filing Fee. Certificate of Status & Certified Copy oddinonal copy is enclosed:
<u>MailingAddres</u> Registration S		<u>StreetAddress:</u> Registration Se	ection
Division of C	orporations	Division of Con	rporations
P.O. Box 632		The Centre of 1	
Tallahassee.	F1.02014	2415 N. Monre	se Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BETHEL PROPERTY MANAGEMENT LLC

(Name of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L Florida document number L2100046993	iahility Company were filed on 1	10/29/2021 and assigned	
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lishility company he	<u>ere</u> :	
The new name must be distinguishable and contain the v		esignation "LLC" or the abbreviation "LLG"	
Enter new principal offices address, if applic	able:	 	
(Principal office address MUST BE A STREE	T ADDRESS)	·	
	1	, 3	
		- 7	
Enter new muiling address, if applicable:	<u> </u>		
Mailing address MAY BE A POST OFFICE	BOX)	(~)	
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:			
New Registered Office Address:	8615 CONIMODITY CIRCLE, ST 11		
HAR MERSELET OF THE PROBLEMS.	Enter Flor	ida street address	
	ORLANDO	Florida 32819	
	Ciţ	, Florida ³²⁸¹⁹ Zaj Code	
New Registered Agent's Signature, if changing I			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete performance of stered agent as provided for in Covegistered office address. I hereby change.	my duties, and I am familiar with and hapter 605, F.S. Or, if this document is	

To: SUNBIZ

Page 7 of 8

2023-10-30 17 27.18 GMT

14076418083

From: EXPAT CONSULTING

□Change

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	
		··········	□Add	
			Remove	
			IChange	
			🗆 Add	
		• • · · · 	□Remove	
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			TAdd	
			□Remove	
			□Change	
			JAdd	
			□Remove	

14076418083

. If amending any other information, enter change(s) here: (Attach additional	sheets, if necessary.)
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more th Note: If the date inserted in this block does not meet the applicable statutory filing req document's effective date on the Department of State's records.	(optional) an 90 days after filing.) Pursuant to 605,0207 (3 uirements, this date will not be listed as th
the record specifies a delayed effective date, but not an effective time,) The 90th day after the record is filed.	, at 12:01 a.m. on the earlier of:
Dated ORLANDO, 27 2023	
Mal	
Signature of a member or authorized representative of a r	nember
ADRIANO LEAL	