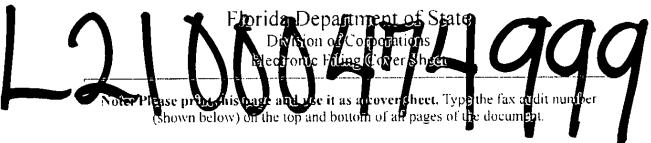
9/18/24, 10:52 AM

Division of Corporations



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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.

**Enter the email address for this business entity to be used for future.

Enter the email address please.

Email Address: ACC@EXPATCONSULTING.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RESTORACTION LLC

Certificate of Status	0
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M. SOLOMON

SEP 18 2024

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration So Division of Co		•	
	CTION LLC		
SUBJECT:	Name of Lin	nited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub	omitted 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 CIRC, STE 11			
		Address	
	ORLANDO - FL - 32819		
	ACC@EXPATCONSULT	City/State and Zip Code ING.COM	2024 SEP 18 SECKLAND
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	√ >
SILVIA FREGNI		407 745.1112 at ()	
Name c	of Person	Area Code Daytime Telephone No	# 5 1 : 28 D
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, nificate of Status & nified Copy hitional copy is enclosed)

MailingAddress: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

StreetAddress:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESTORACTION LLC				
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on [17/02/2021]	andassigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
SERVE YOU SERVICES ELC				
The new name must be distinguishable and contain the words "Limited Liabi	flity Company," the designation "LLC" or the a	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1604 GAINES MILL COURT, # 303			
(Principal office address MUST BE A STREET ADDRESS)	ESS) KISSIMMEE - FL - 34747			
Enter new mailing address, if applicable:	1604 GAINES MILL COURT, # 303	2024 SE		
(Muiling address MAY BE A POST OFFICE BOX)	KISSIMMEE - FL - 34747	₩ ()		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	. 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.

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

To: SUNBIZ

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LEONARDI DE QUEIROZ, PIERO	11045 MOBBERLEY CIRCLE	□Add
		ORLANDO - FL - 32832	□Remove
			Change
AMBR	DE VASCONCELOS FRAGOSO, DIOGO	1604 GAINES MILL COURT, # 303	
		KISSIMMEE - FL - 34747	□Remove
			■Change
AMBR	FERREIRA MACHADO, DANILO		□Add
			Remove
			
			SC Remove O
			☐ Change
			□ Add
			Remove
			□ Change
			☐Add
			Remove
			Channe.

D. If amending any other information, enter change(s) here: (Attach additional sheets,	if necessary)		
				
				
				
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		ram Mes med		
E. Effective data if other than the data of filings	(optional)	J.Y.E.	28	
E. 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 than 90 da Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ys after filing.)	Pursuant to vill not be	605.0207 listed as	7 (3)(b) the
If the record specifies a delayed effective date, but not an effective time, at 12 (b) The 90th day after the record is filed.	.:01 a.m. o	in the ea	rdier o	f:
Dated ORLANDO, 18 OF SEPTEMBER . 2024				
Signature of a member or authorized representative of a member			-	
DIOGO DE VASCONCELOS FRAGOSO				
Typed or printed name of signee			•	

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