8/28/24, 11 24 AM

Division of Corporations Note: Please print this page and use it as a cover sheet. Type the fax audit number

(i(1124000288363.3)))



(shown below) on the top and bottom of all pages of the document

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To:

Page 2 of 8

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.

Account Number : 129190000096 : (407)745-1112 Phone Fax Number : (407)541-8083

\*\*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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TL101 INVESTMENTS LLC

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AUG 29 2024

## **COVER LETTER**

TO: Registration Se Division of Con			
	/ESTMENTS LLC		
SUBJECT:	Name of Lin	ited 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	MANA - 1
	EXPAI CONSULTING C	ORP	
		Liam Company	
	8615 COMMODITY CIR.	. S1E 11	
		Address	
	ORLANDO + FL + 32819		
		City State and Zip Code	
	ACC@EXPATCONSULT	NG.COM  to be used for future annual report no	. <u> </u>
For further information of	roncerning this matter, please c		(DAC SECTOR)
SILVIA FREGNI		407 745,1112	
Name (	n' Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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)
<u>MailingAddre</u> Registration		<u>StreetAddress:</u> Registration Se	ection
Division of C	lorporations	Division of Co	rporations
P.O. Box 631 Tallahassee.		The Centre of 2415 N. Monro	Fallahassee De Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			FINITION	
	ORLANDO		Florida <sup>32</sup>	2819
New Registered Office Address:	70715 ( 14711410)	Emer Florida si		· · · · · · · · · · · · · · · · · · ·
N. D. J. COST. A.M.	8615 COMMO	DITY CIR, STE 11		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	EXPAT CONS	ULTING CORP		
agent amount the new regiments white additi	****			00
B. If amending the registered agent and/or agent and/or	registered office : ss here:	address on our recor	ds, <u>enter the nav</u>	·· • • • • • • • • • • • • • • • • • •
				<b>5</b>
				2024 A
(Mailing address MAY BE A POST OFFICE BOX)		ORLANDO - FL - 3	2819	
Enter new mailing address, if applicable:		8615 COMMODITY	CIR, STE 11	
		<del></del>	~ <del>.</del>	
(Principal office address MUST BE A STREET ADDRESS)		DAVENPORT - FL -32819		
Enter new principal offices address, if applicable:		103 ROGUE RETRE		
The new name must be distinguishable and contain the	words "Limited Liabi			bbreviation "L.J. C."
A. If amending name, <u>enter the new name c</u>	of the limited liab	ility company here:		
This amendment is submitted to amend the fol-				
Florida document number 1,23000155577				
The Articles of Organization for this Limited L		were filed on 03/23/3	2023	and assigned
(.vanae or the tam)	(A Corida Limited	iny as it now appears on Liability Company)	dis records.	

## 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: SUN9IZ / Page 7 of 8 2024-08-28 15 34.51 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>	Name	Address	Type of Action
			_ Dadd
			[]Remove
			Thange
			□Add
		<u> </u>	∏Remove
		<del></del>	
<del></del>			∃Add
			□Remove
		-·	∏Change
			□ Add
			[]Remove
			TChange T
			LIRemove
			□ Change
			□ Remove

11 9M	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
tore:	tive date, if other than the date of filing:  [coptional]  Tective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
e re- The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	ORLANDO, 28 AUGUST 7, 2024
	THAIS PAPIN RAPOSO
	Typed or printed name of signee