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	Division of Corporations Fax Number : (850)617-6383		
From:			
	Account Name : EXPAT CONSULT	ING CORP.	
	Account Number : 120190000096		
	Phone : (407)745-1112 Fax Number : (407)541-8083		
	Fax Number . (407)041-0005		
**Enter	the email address for this busin	pess entity to be used for fu	tuce
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14076418083

## **COVER LETTER**

## TO: Registration Section Division of Corporations

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IMPERIO PET LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for tiling.

Please return all correspondence concerning this matter to the following:

SILVIA FREGNI

Name of Person

EXPAT CONSULTING CORP

Firm/Company

8615 COMMODITY CIR, ST 11

Address

ORLANDO - FL - 32819

City/State and Zip Code.

SILVIA@EXPATCONSULTING.COM

E-mail address: (to be used for future annual report notification)

407

For further information concerning this matter, please call:

SILVIA FREGNI

Name of Person

at (\_\_\_\_\_) \_\_\_\_ Area Code

745.1112

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MailingAddress; Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>StreetAddress:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Daytime Felephone Number

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida )	Company as it now apr	scars on our records.)	- <u></u>
17X ( 10100a I.	united travitity Company	<u>;</u> ;	
he Articles of Organization for this Limited Liability Co	mpany were filed on	03/30/2023	and assigned
lorida document numberL23000161219			
his amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limite</u>	<u>ed liability company</u>	here:	
he new name must be distinguishable and contain the words "Limite	at Liability Company," #	ne designation "L.I.C" or th	he abbreviation "L.L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>		
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		• 	173
B. If amending the registered agent and/or registered of	office address on ou	r records, <u>enter the r</u>	name of the new regi
gent and/or the new registered office address here:			-
Name of New Registered Agent:			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
New Registered Office Address:			
	Enter I	Florida street address	
		Florida	
	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.

14076418083

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
AMBR	DIAS, JULIA BESSA		
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			🗆 Add
			🗍 Remove
			□Change
			🖸 Add
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			DRemove
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(If an effec	e date, if other than the date of filing: ive date is listed, the date must be specific and co the date inserted in this block does not me	annot be prior to date of filing or n	ore than 90 days after filing.) Pursu	Int to 605.0207 (	(3)(b) ,

Tor

Dated October, 24 . 2023. Signature of a member or authorized representative of a member ; • DAYSE MIRANDA BESSA Typed or printed name of signee 

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