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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.

Account Number : I20190000095 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 LISBOA & CO LLC

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TO:

Registration Section

COVER LETTER

| Division of | Corporations | | | | | | |
|--|--|--|--|--|--|--|--|
| | OA & CO LLC | | | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | | | |
| | | | | | | | |
| The enclosed Article | es of Amendment and fee(s) are su | bmitted for filing. | | | | | |
| Please return all con | respondence concerning this matte | r to the following: | | | | | |
| | SILVIA FREGNI | | | | | | |
| | | Name of Person | . | | | | |
| | EXPAT CONSULTING | CORP | | | | | |
| | | Firm/Company | | | | | |
| | 8615 COMMODITY CIR | R, \$T 11 | | | | | |
| | | Address | | | | | |
| | ORLANDO - FL - 32819 | Name of Person TING CORP Firm Company TY CIR, ST 11 Address - 32819 City/State and Zip Code CONSULTING.COM address: (to be used for future annual report notification) please call: at (407 | | | | | |
| | | City/State and Zip Code | | | | | |
| | SILVIA@EXPATCONSU | | | | | | |
| | | - | ification) | | | | |
| For further informati | on concerning this matter, please | | | | | | |
| SILVIA FREGNI | | | | | | | |
| Na | ine of Person | Area Code Daytin | ne Telephone Number | | | | |
| Enclosed is a check | for the following amount: | | | | | | |
| ■ \$25.00 Filing Fe | ce S30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy | | | | |
| MailingAddress: Registration Section | | Registration Se | | | | | |
| P.O. Box | of Corporations 6327 | | | | | | |
| Tallahass | ee, FL 32314 | 2415 N. Monro | e Street, Suite 810 | | | | |

Tallahassee, FL 32303

LISBOA & CO LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| (Name of the Limi | ted Liability Company (A Florida Limited Lia | as it now appears on our re bility Company) | cords.) | | | |
|---|---|--|--|--|--|--|
| The Articles of Organization for this Limited L Florida document number | iability Company w | ere filed on | and assigned | | | |
| This amendment is submitted to amend the following | owing: | | | | | |
| A. If amending name, enter the new name of | f the limited liabilit | ty company here: | | | | |
| The new name must be distinguishable and contain the view new principal offices address, if applied | · | Company," the designation | 'LLC" or the abbreviation "E.L.C." | | | |
| (Principal office address MUST BE A STREE | | | | | | |
| | - | | | | | |
| Enter new mailing address, if applicable: | <u> </u> | | | | | |
| (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | | dress on our records, <u>er</u> | nter the name of the new registered | | | |
| Name of New Registered Agent: | EXPAT CONSUL | TING CORP | | | | |
| New Registered Office Address: | 8615 COMMODI | TY CIR, ST | | | | |
| HOW TOO STORE OF THE STANCES. | Enter Florida street address | | | | | |
| | ORLANDO | | , Florida ³²⁸¹⁹ | | | |
| | | City | Zip Code | | | |
| New Registered Agent's Signature, if changing | Registered Agent; | | | | | |
| I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registery being filed to merely reflect a change in the company has been notified in writing of this | eer and complete pe istered agent as pro registered office ac | erformance of my dutie ovided for in Ch <mark>apte</mark> r 6 | s, and I am familiar with and 05, F.S. Or, if this document is | | | |

o: SUNBIZ Page: 7 of 8

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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> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------------------|----------------------------|----------------|
| MGRM | EDUARDO BARBOSA GUIMARAES LISBOA | 1317 EDGEWATER DR. STE 686 | = Add |
| | | ORLANDO - FL - 32804 | |
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