

6/11/24, 1:49 PM

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**L24000236094**

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To:

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

24 JUN 12 PM 2:11

EXPAT CONSULTING  
CORP.

**\*\*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.COMLLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
3AG INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

M. SOLOMON  
JUN 12 2024

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 3AG INVESTMENTS LLC**

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

NILTON FREGNI

\_\_\_\_\_  
Name of Person

EXPAT CONSULTING CORP

\_\_\_\_\_  
Firm/Company

8615 COMMODITY CIR. STE 11

\_\_\_\_\_  
Address

ORLANDO - FL - 32819

\_\_\_\_\_  
City/State and Zip Code

ACC@EXPATCONSULTING.COM

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

RECEIVED  
DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

NILTON FREGNI

407

745.1112

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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)

**Mailing Address:**

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

**Street Address:**

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

**If Changing Registered Agent, Signature of New Registered Agent**

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

24 JUN 13 PM 11

CLUB  
OF STATE  
ATTORNEYS

[illegible]

24 JAN 12 PM 2:11

STATE OF NEW YORK

X  Signature of a member

Signature of a member or authorized representative of a member

CARLOS ALVES FILHO

Typed or printed name of signer