()

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000412960 3)))



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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

ACC@EXPATCONSULTING.COM

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

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## **COVER LETTER**

TO: Registration Solivision of Co.					
SCHERM	LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	SILVIA FREGNI				
		Name of Person		-	
	EXPAT CONSULTING C	ORP			
		Firm-Company	<del></del>	-	
	8615 COMMODITY CIRC	CLE, STE 11			
		Address		23	$\bigcirc$
	ORLANDO - FL - 32819			F1L 2324.DEC 16	
	- <del></del> -	City/State and Zip Code		610 1913	
	SILVIA@EXPATCONSUI			2 D	
For further information (	n-mail address; ( concerning this matter, please co	to be used for future annual report notific dl	апон)	FD 13	
				$\frac{1}{\omega}$	
SILVIA FREGNI		407 745-1112 at ( )			
Name (	of Person	Area Code Daytime T	Telephone Number	r	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy radditional copy is enclosed)	Certified	ac of Status &	
Mailing Addre Registration	Section	Street Address: Registration Secti			
Division of C P.O. Box 631		Division of Corpe The Centre of Tal			
Tallahassee.		2415 N. Monroe :		:10	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCHERM LLC		
( <u>Name of the Limited Liability Comp.</u> (A Florida Limited	iny as it now appears on our records. Liability Company)	_}
The Articles of Organization for this Limited Liability Company	were filed on 09-04-2024	and assigned
Florida document number $\frac{1.24000386844}{1.24000386844}$ .		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L1.C"	
Enter new principal offices address, if applicable:	934 SUNFLOWER CIR	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	WESTON - FL - 33327	
		. 0 -1
		क 🗂
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		: 0:
		. w
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter t</u>	he name of the new regis
New Registered Office Address:	Enter Florida street address	· · · · · ·
	, Flor	riaa

## New Registered Agent's Signature, it 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.

To: SUNBIZ . . Page 7 of 8 2024-12-16 19:00:25 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

A.HDN - 2	Authorized Menther		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			⊡Remove
			□Change
			⊒Add
			□Remove
			□Change
			□Add
			□ Кеточе
			□ Change

From, EXPAT CONSULTING

If amending any other information, enter change(s) here: (Attach additional sheets	i, if necessary.)	
ADD EIN NUMBER 99-4838687		
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		<u>·</u>
Effective date, if other than the date of filing:	(optional)	
(If an effective date is listed, the date must be specific and meet the applicable statutory filing requires	o days after titing.) Furnients, this date wil	not be listed as the
document's effective date on the Department of State's records.		•
the record specifies a delayed effective date, but not an effective time, at	12:01-a.m. on	the earlier of:
) -The 90th day after the record is filed.		
Dated ORLANDO, 10 DECEMBER 2024		- •
Signature of a member or authorized representative of a mem	क्रम	
ILSON SCHAMES  Typed or printed name of pignes		