

U/S 000135580

Florida Department of State
Division of Corporations
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Corporate Filing Menu

④

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company))

A. If amending name, enter the new name of the limited liability company here:

(Mailing address MAY BE A POST OFFICE BOX)

Zip Code

01/25/2016 12:45

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

Title	Name	Address	Type of Action
MGR	GABRIELLA ALVES CIGNAREL	8956 TURKEY LAKE RD STE B: ORLANDO, FL 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	MANUEL MOREIRA DA SILVA	8956 TURKEY LAKE RD STE B: ORLANDO, FL 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ANA D. LEON	2010 PINE AVE HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	LAURA VALDIVIA	2010 PINE AVE HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(b) The 90th day after the record is filed.

Dated JANUARY 26TH 2016

X James Earl
Signature of

Signature of a member or authorized representative of a member

ANA D. LEON

Typed or printed name of signer