

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L17 0000 40923

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : DOMINIUM CONSULTING SERVICES, LLC
Account Number : 120210000039
Phone : (407)374-2329
Fax Number : (407)412-5926

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

Email Address: _____

RECEIVED
2023 AUG 25 PM 3:32
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DAZZLY ENTERPRISE, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAZZLY ENTERPRISE, 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:

CLEITON CARDOSO

Name of Person

DOMINIUM CONSULTING SERVICES

Firm/Company

6965 PLAZZA GRANDE AVE - SUITE 206

Address

ORLANDO FLORIDA 32835

City/State and Zip Code

INFO@DOMINIUMCS.COM

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

For further information concerning this matter, please call:

CLEITON

407

374-2329

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>
AMBR	Leandro Aparecido Giacomeli	R Senador Vergueiro 1119 Apt 51	<input type="checkbox"/> Add
		Limeira, Sao Paulo, 13480-002 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mariana Firens Bruno Matos	Rua Edmundo Graf 13	<input checked="" type="checkbox"/> Add
		Limeira, Sao Paulo, 13484-263 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please add business purposes of this company in the Articles of organization

the sale of cosmetic products in general, as well as the wholesale and retail trade of semi-jewelry.

In addition, the sale of accessories in general for men and women shall also be included.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated 08/25/2023 2023

Luiz Carlos Matos

Signature of a member or authorized representative of a member

LUIZ CARLOS MATOS

Typed or printed name of signer