

L17000 137953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

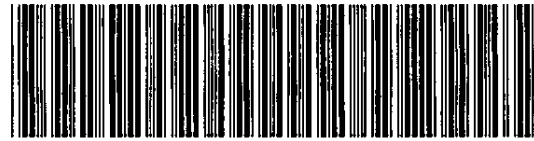
(Business Entity Name)

(Document Number)

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2018 MAY 14 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: UNIVERSE GENERAL SERVICES, 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:

MARIA MADALENA CALDAS LOPES  
Name of Person

MADE IN BRAZIL SERVICES  
Firm/Company

10231 METRO PARKWAY SUITE 104  
Address

FORT MYERS, FL 33966  
City/State and Zip Code

MADEINBRAZILSERVICES@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA MADALENA CALDAS LOPES at ( 239 ) 810-6079  
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>
<u>MGR</u>	<u>ROMULO SOARES</u>	<u>621 SE 12TH AVENUE</u>	<input type="checkbox"/> Add
		<u>APT. #119</u>	<input checked="" type="checkbox"/> Remove
		<u>CAPE CORAL, FL 33990</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>ROMULO SOARES FILHO</u>	<u>621SE 12TH AVENUE</u>	<input type="checkbox"/> Add
		<u>APT #119</u>	<input checked="" type="checkbox"/> Remove
		<u>CAPE CORAL, FL 33990</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>RENAN LIMA SOARES</u>	<u>621SE 12TH AVENUE</u>	<input type="checkbox"/> Add
		<u>APT. #119</u>	<input checked="" type="checkbox"/> Remove
		<u>CAPE CORAL, FL 33990</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

N/A

Lined area for amending information, currently blank except for the 'N/A' entry.

2018 MAY 14 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: 05/07/2018 (optional)

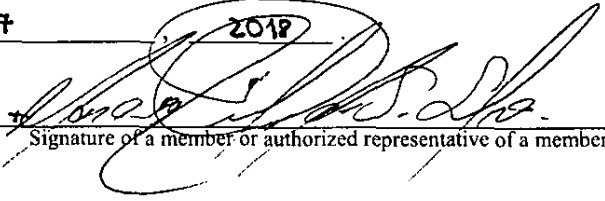
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 MAY 7

2018



Signature of a member or authorized representative of a member

MARCOS PAULO DOS SANTOS SILVA

Typed or printed name of signee