

L17000199168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

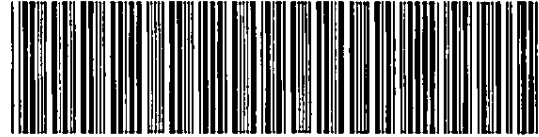
(Business Entity Name)

(Document Number)

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18 JAN 17 AM 10:13  
STATE OF FLORIDA  
TALLAHASSEE

J. LEGGETT  
JAN 18 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations  
SALUSTEO INVESTMENTS, LLC

SUBJECT: \_\_\_\_\_  
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, LLC

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

6965 PIAZZA GRANDE AVE, SUITE 206

\_\_\_\_\_  
Address

ORLANDO - FL - 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:

LEONARDO FIGUEIREDO 407 374.2329

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

Page 1 of 3

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	GUILHERME SAMPAIO NEIVA	Rua Madre Teodora 497	<input checked="" type="checkbox"/> Add
		Jardim Paulista - Sao Paulo	<input type="checkbox"/> Remove
		CEP : 01428 -010	<input type="checkbox"/> Change
AMBR	LIVIA NEIVA ROCHA	Rua Madre Teodora 497	<input checked="" type="checkbox"/> Add
		Jardim Paulista - Sao Paulo	<input type="checkbox"/> Remove
		CEP : 01428 -010	<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.)

18 JAN 17 4:00 PM '13  
FILED  
CLERK OF COURT  
ALABAMA

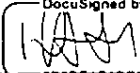
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 09/01/2018

DocuSigned by:  


Signature of a member or authorized representative of a member

DANILO SAMPAIO NEIVA

Typed or printed name of signee