

121000118719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

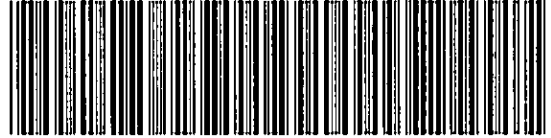
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900377928699

LLC Amend & NIC

12-14-21--0.010--4000 \*\*25.00

2021 DEC 14 AM 11:10  
STATE OF ARIZONA  
DEPARTMENT OF REVENUE

FILED

A. RAMSEY

JAN 05 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: De Souza 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:

Eliane de Souza  
Name of Person

[Signature]  
Firm/Company

1651 NE 39 th St  
Address

Pompano Beach FL 33064  
City/State and Zip Code

wedocorp801@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eliane de Souza at (786) 879 3781  
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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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	Elaine de Sousa	1651 NE 39th St	<input type="checkbox"/> Add
		Pompano Beach FL	<input checked="" type="checkbox"/> Remove
		33065	<input type="checkbox"/> Change
AMBR	Eliane de Souza	1651 NE 39th St	<input checked="" type="checkbox"/> Add
		Pompano Beach FL	<input type="checkbox"/> Remove
		33065	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.)*

Multiple horizontal lines for amending information.

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 12/1/2021

Signature of a member or authorized representative of a member

*Eliani de Souza*

Typed or printed name of signee