

h22000211390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

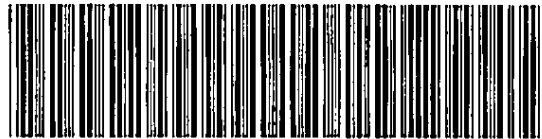
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cf alu2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Naccarato SC Home 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:

SORAYA MEIRA

Name of Person

BELLA FLORIDA CONSULTING LLC

Firm/Company

5950 LAKEHURST DR STE 242

Address

ORLANDO, FL 32819

City/State and Zip Code

smeira7@yahoo.com

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

For further information concerning this matter, please call:

SORAYA MEIRA

407 491-4189
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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

2022-01-23 17:59

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

If Changing Registered Agent, Signature of New Registered Agent

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	FELIPE GECYS DE SA	243 WHITE HERON WAY	<input type="checkbox"/> Add
		SAINT CLOUD, FL 34772	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SOFIA NACCARATO DE SA	243 WHITE HERON WAY	<input type="checkbox"/> Add
		SAINT CLOUD, FL 34772	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GABRIEL NACCARTO DE SA	243 WHITE HERON WAY	<input type="checkbox"/> Add
		SAINT CLOUD, FL 34772	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUCAS AGUIAR ARAUJO	737 College Ave	<input checked="" type="checkbox"/> Add
		Menlo Park, California 94025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WADIH JORGE KUBRUSLEY NI	10536 Belfry Circle	<input checked="" type="checkbox"/> Add
		Orlando, FL 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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 Jun 15th 2022
Priscilla S Naccarato Jr. SA
Signature of a member or authorized representative of a member
PRISCILLA S NACCARATO DE SA
Typed or printed name of signee

Filing Fee: \$25.00