

M 15000010084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

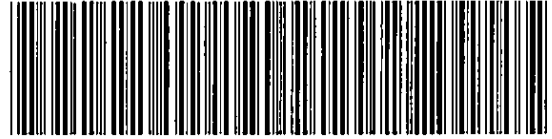
(Business Entity Name)

(Document Number)

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

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Office Use Only



700391257487

07-18-2022 11:00:00 AM

RECEIVED

2022 JUL 18 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2022 JUL 18 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER

JUL 18 2022

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FULL GAUGE CONTROLS LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FLAVIA REZENDE

Name of Person

DRUMMOND ADVISORS

Firm/Company

601 BRICKEL KEY DRIVE, SUITE 901

Address

MIAMI, FL / 33131

City/State and Zip Code

frezende@drummondadvisors.com

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

For further information concerning this matter, please call:

FLAVIA REZENDE at ( 866 ) 5506705  
Name of Person Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- \$25 Filing Fee     \$30 Filing Fee & Certificate of Status     \$55 Filing Fee & Certified Copy     \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

**FILED**  
2022 JUL 18 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

1. Name of limited liability Company as it appears on the records of the Florida Department of State: FULL GAUGE CONTROLS LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS) \_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_  
(Mailing address  
MAY BE A POST OFFICE BOX) \_\_\_\_\_  
\_\_\_\_\_

2. The Florida document number of this limited liability company is: M15000010084

3. Jurisdiction of its organization: TEXAS

4. Date authorized to do business in Florida: 12/17/2015

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
*City Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

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<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARCHI, LUCAS	CLEMENTE PINTO, 134 APT 305 C	<input type="checkbox"/> Add
		CANOAS, RS, 92025-290 BR	<input checked="" type="checkbox"/> Remove
MGR	JUNIOR, RODNEI AHRENS P.	AV. WILLY EUGENIO FLECK 1495, CS45	<input checked="" type="checkbox"/> Add
		PORTO ALEGRE, RS 91150-180 BR	<input type="checkbox"/> Remove
MGR	GOBBI, IVANIR	RUA BAGE, 613	<input checked="" type="checkbox"/> Add
		CANOAS, RS 92120-190 BR	<input type="checkbox"/> Remove
MGR	PERGUER, FLAVIO	RUA PROF. JOAO SOUZA RIBEIRO, 859	<input checked="" type="checkbox"/> Add
		PORTO ALEGRE, RS 90245-470 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

FLAVIO PAULO PERGUER:17592275015

Assinado em forma digital por FLAVIO PAULO PERGUER:17592275015  
 CN = c=BR, ou=C.P. Brasil, ou=br,retirado da Receita Federal do Brasil - RR B, ou=PA e CPF A1, ou=FLAVIO  
 ou=AR:ALR0 ED, ou=Votacao conferencia, ou=14177452100109, cn=FLAVIO PAULO PERGUER:17592275015  
 Data: 2022.07.14 14:01:15 -0300'

\_\_\_\_\_  
 Signature of the authorized representative

FLAVIO PAULO PERGUER

\_\_\_\_\_  
 Typed or printed name of signee

**Filing Fee: \$25.00**