

L10000038007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

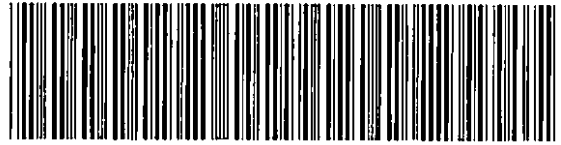
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



000413408450

FILED

2023 AUG 24 AM 10:54

CLERK OF STATE
TALLAHASSEE, FL

RECEIVED

2023 AUG 22 PM 2:37

CLERK OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2023

CAPITAL CONNECTION

SUBJECT: PORTO SANTOS ENTERPRISES LLC
Ref. Number: L10000038007

We have received your document for PORTO SANTOS ENTERPRISES LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The signature of authorized representative, and date of the signature, are required.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

Letter Number: 123A00019571

FILED

2023 AUG 24 AM 10:54

DEPARTMENT OF STATE
TALLAHASSEE, FL

RECEIVED

2023 AUG 24 PM 3:13

DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

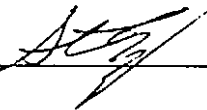
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PORTO SANTOS ENTERPRISES LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

174 Pender & Printing • Tallahassee, FL 32301

2023 AUG 24 AM 10:54
TALLAHASSEE, FL

FILED

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Porto Santos Enterprises 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:

Emilio Gutierrez

Name of Person

FA Corporate Management LLC

Firm/Company

2050 Coral Way, Ste 405

Address

Miami, FL 33145

City/State and Zip Code

Legal2@facorporatemg.com

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

For further information concerning this matter, please call:

Emilio Gutierrez

347 7616978
at ()

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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 AUG 24 AM 10:54

FILED

FILED
2023 AUG 24 AM 10:54
and assigned
STATE
TALLAHASSEE, FL

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

A. If amending name, enter the new name of the limited liability company here:

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>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

FILED
2023 AUG 24 AM 10:54
CLERK OF STATE
TALLAHASSEE, FL

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

החל

2023 AUG 24 AM 10:54
U.S. DEPT OF STATE
ITALIANASSEE.FI

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 Agosto, 22th 2023

Claudia S. Muñoz

Signature of a member or authorized representative of a member

Claudia Munoz, as an authorized representative of a member

Typed or printed name of signee