

L11000056648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
MAY 18 2011  
EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: ITSolutions 4Dumyz, 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:

Valdemiro Silva

Name of Person

ITSolutions 4Dumyz, LLC

Firm/Company

8607 NW 35th St

Address

Coral Springs, FL 33065

City/State and Zip Code

itsolutions4dumyz@gmail.com

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

For further information concerning this matter, please call:

Valdemiro Silva

Name of Person

at ( 561 )

389-6640

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

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TALLAHASSEE, FLORIDA

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

\*MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Valdemiro Silva	8607 NW 35th St Coral Springs, FL 33065	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated May 13, 2011



Signature of a member or authorized representative of a member

Valdemiro Silva

Typed or printed name of signee

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2011 MAY 17 PM 2:45  
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TALLAHASSEE, FLORIDA