

L12000125173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

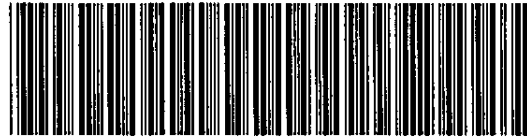
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Bureau 09/21/2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RICK LELLO COLLECTION 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:

MARTTI KALKAS

Name of Person

KALKAS BUSINESS SERVICES

Firm/Company

245 SE 1ST ST STE 225

Address

MIAMI, FL 33131

City/State and Zip Code

MJKALKAS@BELLSOUTH.NET

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

For further information concerning this matter, please call:

MARTTI KALKAS

Name of Person

at **(305) 577-9716**

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

RICK LELLO COLLECTION LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	RICARDO RAHME	8119 NW 60TH ST	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input type="checkbox"/> Remove
MGR	JAIME PEREIRA CRISTOBAL	R. ANTUNES MACIEL 155	<input checked="" type="checkbox"/> Add
		SAO PAULO, SP 03182-010	<input type="checkbox"/> Remove
		BRAZIL	
MGR	DANIEL FABBRI RAHME	6601 NW 82 AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33166	<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


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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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 9TH 2014



Signature of a member or authorized representative of a member

MARTTI KALKAS

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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