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TALLAHASSEE, FLORIDA

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C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRAZILIAN SEXY LINGERE 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:

HEATHER R. JORDAN, CPA

Name of Person

DURST JORDAN, CPA, PA

Firm/Company

4459-B HIGHWAY 90

Address

PACE, FL 32571

City/State and Zip Code

STAFF@DURSTJORDAN.COM

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

For further information concerning this matter, please call:

HEATHER R. JORDAN, CPA

Name of Person

850

at ()

Area Code

995-5000

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>
MGRM	RENAUD, DESIREE A	2281 STACY DR	<input type="checkbox"/> Add
		DENVER, CO 80221	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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)**

(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 FEBRUARY 24, 2015



Signature of a member or authorized representative of a member

SANDRA C. ORLICH

Typed or printed name of signee