

L14000014293

(Requestor's Name)

(Address)

(Address)

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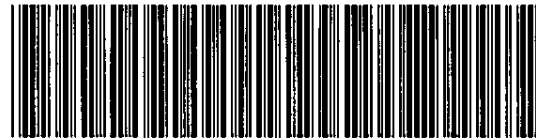
(Business Entity Name)

(Document Number)

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2014 MAY 28 10:53
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B. BOSTICK

MAY - 5 2014

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **NUNES DE OLIVEIRA INVESTMENTS, 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:

Renan M Mesquita

Name of Person

Larson Accounting and Consulting LLC

Firm/Company

8615 Commodity Circle, Ste 6

Address

Orlando, FL 32819

City/State and Zip Code

finances@larsonacc.com

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

For further information concerning this matter, please call:

Renan Mesquita

Name of Person

407 370 3686

at ()

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 32311

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
266 Executive Center Circle
Tallahassee, FL 32301



NUNES DE OLIVEIRA INVESTMENTS, LLC

The Articles of Organization for this Limited Liability Company were filed on 01/27/2014 and assigned Florida document number L14000014293.



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>
AMBR	NUNES DE OLIVEIRA MARCO AURELIO	8196 FAN PALM WAY	<input type="checkbox"/> Add
		KISSIMMEE, FL 34747	<input type="checkbox"/> Remove
AMBR	NUNES DE OLIVEIRA LUIS AUGUSTO	8196 FAN PALM WAY	<input type="checkbox"/> Add
		KISSIMMEE, FL 34747	<input type="checkbox"/> Remove
AMBR	NUNES DE OLIVEIRA JOAO PAULO	8196 FAN PALM WAY	<input type="checkbox"/> Add
		KISSIMMEE, FL 34747	<input type="checkbox"/> Remove
AMBR	NUNES DE OLIVEIRA MARIA AUGUSTA	8196 FAN PALM WAY	<input type="checkbox"/> Add
		KISSIMMEE, FL 34747	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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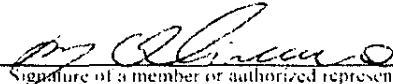


D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

F. 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 April 7th 2014



Signature of a member or authorized representative of a member

MARCO AURELIO NUNES DE OLIVEIRA

Typed or printed name of signee

2014 APR 10 10:30

FILED