

L/4000042756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

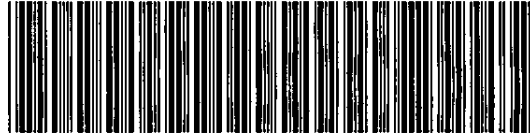
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/06/15--01006--016 \*\*25.00

FILED  
15 MAR -6 PM 1:09  
MAR 6 2015  
CLERK OF COURT  
CLERK OF COURT

LLC  
Amend  
03-27-15  
DC

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Brasil International 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:

Carla Fernandez

Name of Person

Firm/Company

493 Castle Dr

Address

Naples Florida 34119

City/State and Zip Code

Carla@dfcmedia.com

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

For further information concerning this matter, please call:

Douglas Barbosa

at (239) 206-4526

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

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15 MAR -6 PM 1:09  
TALLAHASSEE, FLORIDA

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

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	Carla Fernandez	5007 Fairhaven Lane	<input type="checkbox"/> Add
		Naples Florida 34109	<input checked="" type="checkbox"/> Remove
MGR	Andre A Theodore Bucsan	231 Av Presidente Wilson 29	<input checked="" type="checkbox"/> Add
		Rio de Janeiro RJ Brazil 20030-020	<input type="checkbox"/> Remove
MGR	Carlos Alberto V Neves	42 Rua Marquesa De Santos 1104	<input checked="" type="checkbox"/> Add
		Rio de Janeiro RJ Brazil 22221-080	<input type="checkbox"/> Remove
MGR	Sebastião F Brasil	Rua Capitão Leonideo Soares 209	<input checked="" type="checkbox"/> Add
		Planalto, Belo Horizonte Brazil 31720-59	<input type="checkbox"/> Remove
MGR	Luiz Antonino M Ribeiro	Rua Teodoro Braga 111 #104	<input checked="" type="checkbox"/> Add
		Rio De Janeiro RJ Brazil 21920-236	<input type="checkbox"/> Remove
MGR	Luiz Felipe D Ribeiro	Rua Teodoro Braga 111 #104	<input checked="" type="checkbox"/> Add
		Rio De Janeiro RJ Brazil 21920-236	<input type="checkbox"/> Remove

See Attachment

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	Luiz A De Castro Santos	Rua Alberto De Gois 1533/4A	<input checked="" type="checkbox"/> Add
		Campo Belo São Paulo Brazil 04610-004	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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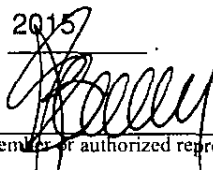
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 3rd of March

2015



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Carla Fernandez

\_\_\_\_\_  
Typed or printed name of signee