

L14000104809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

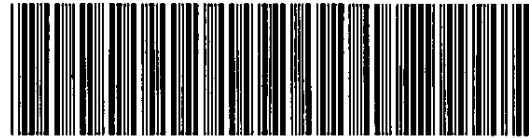
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 10 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Restore Now 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:

Odijas Caminha

Name of Person

OGC Associates P.A

Firm/Company

244 S Military Trail

Address

Deerfield Beach, 33442

City/State and Zip Code

ogc@ogcfinancial.com

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

For further information concerning this matter, please call:

Odijas Caminha

Name of Person

at **(954) 708-2817**

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

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 | Emmanuel Ebong | 6802 Wilkow Drive | <input type="checkbox"/> Add |
| | | Orlando, FI 32821 | <input checked="" type="checkbox"/> Remove |
| MGR | Enio Oliveira | 6802 Wilkow Drive | <input type="checkbox"/> Add |
| | | Orlando, FI 32821 | <input checked="" type="checkbox"/> Remove |
| MGR | AP&Emdeoliveira Sistemas de Informacao Ltda | Rua Braganca - casa 2 | <input checked="" type="checkbox"/> Add |
| | | Vila Luzitania, Sao Bernado do Campo | <input type="checkbox"/> Remove |
| | | Sao Paulo, SP 09725-170 | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

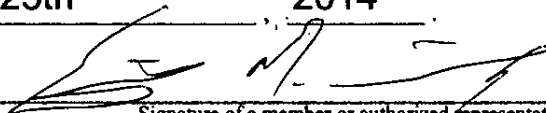
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 TALLAHASSEE FLORIDA

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 August 25th 2014



Signature of a member or authorized representative of a member

Enio Oliveira

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA

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TALLAHASSEE FLORIDA

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

Florida document number L14000104809

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

4360 Conroy Club Drive

Orlando, FL 32835

4360 Conroy Club Drive

Orlando, FL 32835

Enter Florida street address

City

Zip Code

If Changing Registered Agent, Signature of New Registered Agent