

L14000 175608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

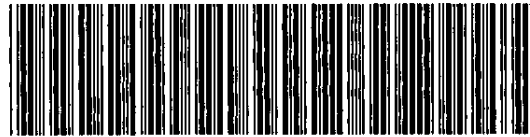
(Business Entity Name)

(Document Number)

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JUL 11 2016

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BARRA BUILDERS 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:

MARCELO D SILVA

Name of Person

BARRA BUILDERS LLC

Firm/Company

36 ROYAL LEAF LN

Address

PAUM COAST, FL 32164

City/State and Zip Code

FRANCINETAVARES@MAIL.COM

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL -8 AM 11:52

For further information concerning this matter, please call:

MARCELO SILVA

Name of Person

at (386)

Area Code

449 9988

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

BARRA BUILDERS LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	ARNALDO C PEREIRA JR.	36 ROYAL LEAF LN	<input checked="" type="checkbox"/> Add
		PALM COAST, FL 32164	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FRANCINE T SILVA	36 ROYAL LEAF LN.	<input checked="" type="checkbox"/> Add
		PALM COAST, FL 32164	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JULY 6 TH, 2016.

  
Signature of a member or authorized

MARCELO SILVA

Typed or printed name of signee