

214000176556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

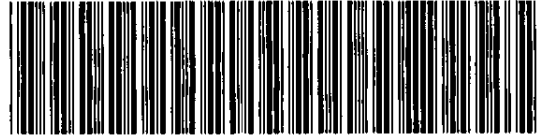
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 NOV 28 P 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
NOV 30 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DFR BUSINESS 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:

DEIVID FURTADO RAMIRES

Name of Person

DFR BUSINESS LLC

Firm/Company

1909 WIND WILLOW RD

Address

BELLES ISLE, FL 32809

City/State and Zip Code

DFRBUSINESS@GMAIL.COM

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

For further information concerning this matter, please call:

SIBELE MACKMILLAN

Name of Person

407 2536440
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 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 NOV 28 P 4: 10

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DFR BUSINESS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/13/2014 and assigned
Florida document number L14000176556.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1909 WIND WILLOW RD

BELLE ISLE, FL 32809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1909 WIND WILLOW RD

BELLE ISLE, FL 32809

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

1909 WIND WILLOW RD

Enter Florida street address

BELLE ISLE

City

Florida 32809

Zip Code

New Registered Agent's Signature. If changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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>
VP	LEANDRO SILVA DE SOUZA	6123 METROWEST BLVD	<input type="checkbox"/> Add
		APT 105, ORLANDO FL, 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AM	ALLAN PIMENTA THOMAZELI	6123 METROWEST BLVD	<input type="checkbox"/> Add
		APT 105, ORLANDO FL, 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated OCTOBER, 19 2016

Olivia Furtado Ramires

Signature of a member or authorized representative of a member

DEIVID FURTADO RAMIRES

Typed or printed name of signee