

L15 0000

23495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

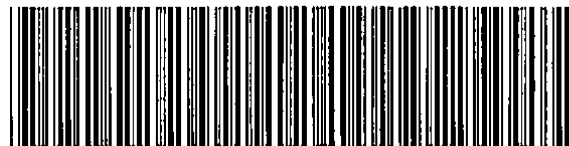
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 JUL -5 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 13 2019
T. SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KF 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:

LINDOMAR MOREIRA

Name of Person

KF INTERNATIONAL INVESTMENTS LLC

Firm/Company

2230 ROMANUM DR

Address

WINTER GARDEN - FLORIDA 34787

City/State and Zip Code

lindomar@kffomento.com.br

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

For further information concerning this matter, please call:

LINDOMAR MOREIRA

321 732-1041

at (_____) _____

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

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>
AMBR	JOÃO PAULO MARTINS	8635 RIDGEMAR CT ORLANDO-FL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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STANDARD STATE
NOTARY ASSOCIATION OF FLORIDA
JUL 19 4:40 PM '16

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

(This area is for amendments to the record. If no amendments are entered, this area will be crossed out.)

SECRETARY OF STATE
JUL 19 2019 11:40 AM

FILED

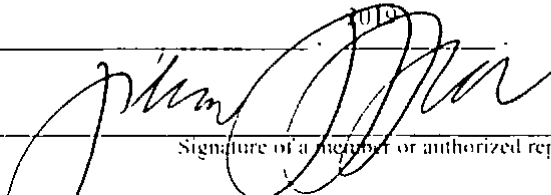
E. Effective date, if other than the date of filing: _____ (optional)

(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 JULY 02 2019



Signature of a member or authorized representative of a member

LINDOMAR MOREIRA

Typed or printed name of signee