

L15000044463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

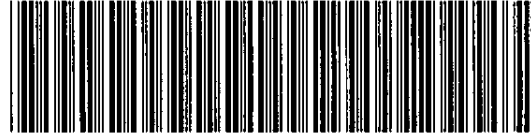
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

RECEIVED JUN 22 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A2A Actual Americas Finances & 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:

Fadua Cristina Tojo Gegers

Name of Person

A2A Actual Americas Finances & Investments LLC

Firm/Company

2020 North Bay Dr. Apt. 3701

Address

Miami, FL 33137

City/State and Zip Code

faduatojo@gmail.com

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

For further information concerning this matter, please call:

Iveta Rietschel

305 775.5294
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	ATB Actual Tax Brazil Investment		<input type="checkbox"/> Add
		Nerine Changers, Quastisk Bldg.	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	New Hampton Ventures LLC		<input type="checkbox"/> Add
		2020 N Bayshore Dr. Apt. 3701	<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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2015 JUN 19 PM 12: 40

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(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)

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

Dated 06/09, 2015

Signature of a member or authorized representative of a member

Fadua Cristina Tojo Gegers

Typed or printed name of signee