

L150000 92624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

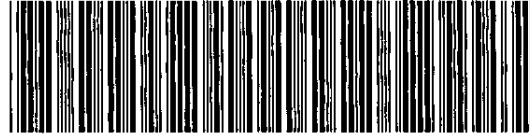
(Business Entity Name)

(Document Number)

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15 JUN 17 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 18 2015

J SHIVERS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALLY HUMAN CAPITAL 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:

JOAO MARCELO A GRISOLI

\_\_\_\_\_  
Name of Person

ALLY HUMAN CAPITAL LLC

\_\_\_\_\_  
Firm/Company

7350 FUTURES DR STE 18 EXEC OFFICE 10

\_\_\_\_\_  
Address

ORLANDO, FL 32819

\_\_\_\_\_  
City/State and Zip Code

JM.GRISOLI@GMAIL.COM

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

For further information concerning this matter, please call:

JOAO MARCELO A GRISOLI

407

758-6538

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

## ALLY HUMAN CAPITAL LLC

Page 1 of 3

MAILED  
15 JUN 17 AM 9:53  
Zip Code  
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>
MGR	SANDRA A GONCALVES	13269 OUTLON CIR	<input type="checkbox"/> Add
		ORLANDO, FL 32832	<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"/> Change

[illegible]

(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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

15 JAN 17 AM 9:54  
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