

L15000128323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

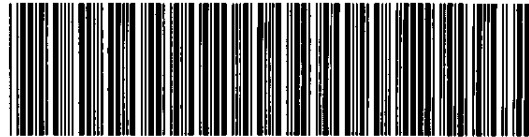
(Document Number)

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OCT 11 2016
S. YOUNG

16 AUG 30 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2016

ADRIANA GUERRERO
PORTUGAL REMODELING LLC
11175 STONE CREEK STREET
WELLINGTON, FL 33449

SUBJECT: PORTUGAL REMODELING LLC
Ref. Number: L15000128323

We have received your document for PORTUGAL REMODELING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 416A00018593

2017 OCT 11 AM 11:46

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TALLAHASSEE, FLORIDA
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PORTUGAL REMODELING 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:

ADRIANA GUERRERO

Name of Person

ACH SERVICES LLC

Firm/Company

11175 STONE CREEK ST

Address

WELLINGTON FL 33449

City/State and Zip Code

ONLINEFORMS@MAIL.COM

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

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TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

ADRIANA GUERRERO

561 2455214
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	Claudia Marcela Garzon	1128 W Cypress Dr	<input checked="" type="checkbox"/> Add
		Pompano Beach FL 33069	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Antonio Carlos Lemos	4723 NW 4th Ave	<input type="checkbox"/> Add
		Pompano Beach FL 33064	<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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16 AUG 30 1966

FILED
CLERK OF DISTRICT COURT
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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:

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

Dated September 9, 2016

Brunno David Henrique Viana
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Bruno David Monteiro Lima
Typed or printed name of signee

Typed or printed name of signee