

5/31/2017

L15000198070

Division of Corporations
Florida Department of State
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To:

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Phone : (407)674-8969
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COVIST'S CLEANING FLORIDA LLC

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JUN 06 2017

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COVISI'S CLEANING FLORIDA LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person: DANILO SANTANA

Firm/Company: US TAX CONSULTING INC

Address: 5401 S. KIRKMAN RD STE 135

City/State and Zip Code: ORLANDO, FL, 32819

support@ustaxconsulting.net

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

For further information concerning this matter, please call:

DANILO SANTANA
Name Person

(407) 674-8969
Phone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314 2661

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
COVIST'S CLEANING FLORIDA LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 11/24/2015 and assigned Florida document number .

Florida document number: L15000198070.
EIN Number: 37-1796728

Article I

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

FERESKON LLC

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

Article II

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

3356 ROBERT TRENT JONES STE 308, ORLANDO, FL 32835

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3356 ROBERT TRENT JONES STE 308, ORLANDO, FL 32835

**FILED
17 JUN -5 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Article IV

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:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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

| Title | Name | Address | Type of Action |
|-------|---------------|------------------------------|---|
| AMBR | KONNO, THIAGO | 3356 ROBERT TRENT JONES #308 | REMOVE <input type="checkbox"/> |
| | | ORLANDO, FL 32835 | ADD <input checked="" type="checkbox"/> |

| Title | Name | Address | Type of Action |
|-------|--------------|------------------------------|---|
| AMBR | KONNO, CARLA | 3356 ROBERT TRENT JONES #308 | REMOVE <input type="checkbox"/> |
| | | ORLANDO, FL 32835 | ADD <input checked="" type="checkbox"/> |

| Title | Name | Address | Type of Action |
|-------|-----------------|---------------------------|--|
| AMBR | COVISI, EMERSON | RUA GENERAL OSORIO 67 | REMOVE <input checked="" type="checkbox"/> |
| | | SANTO ANDRE, SP 09120-440 | ADD <input type="checkbox"/> |

| Title | Name | Address | Type of Action |
|-------|--------------------------------|---------------------------|--|
| AMBR | J.E.E. COVISIS TRANSPOTES LTDA | RUA MARILIA 249 | REMOVE <input checked="" type="checkbox"/> |
| | | SANTO ANDRE, SP 09015-720 | ADD <input type="checkbox"/> |

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: May 31th, 2017



Signature of a member or authorized representative of a member

DANILO SANTANA

Typed or printed name of signee