

05/17/2017 12:24 PM FAX 813 884 0263  
05/17/2017

DDS TAX SERVICE  
Division of Corporations

0000/0005

**L16000132237**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : DDS TAMPA TAX SERVICE  
Account Number : I20140000115  
Phone : (813)882-8426  
Fax Number : (813)884-0263

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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2017 MAY 17 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ONE COUPLE AND ONLY HOUSEKEEPERS LLC**

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 MAY 17 AM 9:08

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Corporate Filing Menu

Help

K. SALY

MAY 18 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ONE COUPLE AND ONLY HOUSEKEEPERS 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:

LUIZ ALBERTO SILVA JUNIOR

Name of Person

ONE COUPLE AND ONLY HOUSEKEEPERS LLC

Firm/Company

7612 SOUTHERN BROOK BND APT 304

Address

TAMPA FL 33635-1850

City/State and Zip Code

LIBTAXCSR@GMAIL.COM

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

For further information concerning this matter, please call:

LUIZ ALBERTO SILVA JUNIOR

813 817-1810  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**  
**2017 MAY 17 AM 9:08**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

ONE COUPLE AND ONLY HOUSEKEEPERS LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/13/2016 and assigned Florida document number L16000132237.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

7612 SOUTHERN BROOK BND APT 304

(Principal office address MUST BE A STREET ADDRESS)

TAMPA FL 33635-1850

Enter new mailing address, if applicable:

7612 SOUTHERN BROOK BND APT 304

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA FL 33635-1850

**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:

7612 SOUTHERN BROOK BND APT 304

*Enter Florida street address*

TAMPA

*City*

Florida 33635-1850

*Zip Code*

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

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

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	Luiz Alberto Silva Junior	7612 Southern Brook Bnd Apt 304	<input type="checkbox"/> Add
		Tampa FL 33635-1850	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Marcia Aparecida Florencio	7612 Southern Brook Bnd Apt 304	<input type="checkbox"/> Add
		Tampa FL 33635-1850	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

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TALLAHASSEE, FLORIDA

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

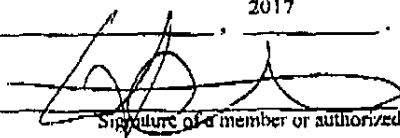
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 May 17, 2017

X



Signature of a member or authorized representative of a member

LUIZ ALBERTO SILVA JUNIOR

Typed or printed name of signer