

216 000 156900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

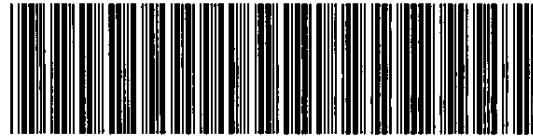
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700298674577

05/05/17--01026--027 **25.00

FILED
17 MAY -5 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY - 8 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAISO 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:

MARIA C SOUSA

Name of Person

SOUSA & ASSOCIATES INC

Firm/Company

7345 W SAND LAKE RD, STE 304

Address

ORLANDO, FL 32819

City/State and Zip Code

CAROL @ SOUSAN ASSOCIATES . COM

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

For further information concerning this matter, please call:

MARIA C SOUSA

Name of Person

at (407)

Area Code

800 - 7028 (9am - 5pm)

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

CAISO UC

FILED
17 MAY -5 PM 3:12
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>
T	DE LIMA, JOAO C JR	AV PROF DEA E DE CARVALHO	<input type="checkbox"/> Add
		# 605 CASA 38	<input checked="" type="checkbox"/> Remove
		CAMPINAS SP 13101-664	<input type="checkbox"/> Change
AMBR	DE LIMA, JOAO C JR	AV PROF DEA E DE CARVALHO	<input checked="" type="checkbox"/> Add
		# 605 CASA 38	<input type="checkbox"/> Remove
		CAMPINAS, SP 13101-664	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 MAY 05 PM 3:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[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)

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.

2/2

VANESSA P. RODRIGUES DOMENE

FILED
17 MAY -5 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA