

L16000186257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

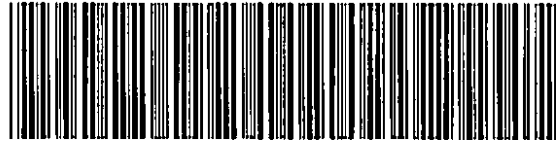
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100301362521

07/25/17--01005--025 **25.00

RECEIVED
17 JUL 24 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2017 JUL 24 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EAT SAMBA 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:

ANGELA MACK

Name of Person

TAX ACCOUNTING & FINANCIAL SPECIALISTS LLC

Firm/Company

2295 S HIAWASSEE RD SUITE 407F

Address

ORLANDO-FLORIDA 32835

City/State and Zip Code

CREATRIX@CFL.RR.COM

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

For further information concerning this matter, please call:

ANGELA MACK

Name of Person

at 407

Area Code

710-0808

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

SECRET COPY OF THE
JAMES EARL RAY CASE
IN RECORDS OF THE HOUSE OF COMMONS

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

Page 1 of 3

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>
MBR	BITTAR NETO, THEODORO	2295 S. HIAWASSEE RD STE 407C	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	TEIXEIRA BITTAR, MARTA	2295 S. HIAWASSEE RD STE 407C	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32835	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 JUL 24 AM 11:37
SECURITY
DEPT OF DEFENSE
AIR MAIL

[illegible]

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.

Dated

July 20, 2017

Michelle Felix da Silva

Signature of a member or authorized representative of a member

Michelly Felix da Silva

Typed or printed name of signee