

L1700000 7150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

APR 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEONARDO BUSINESS VENTURE, 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:

GILBERTO DOMINGUES
Name of Person

GD MANAGEMENT & SERVICES, LLC
Firm/Company

6979 KINGSPOINTE PKWY, # 12
Address

ORLANDO, FL - 32819
City/State and Zip Code

GDMANAGEMENT@MAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILBERTO DOMINGUES at (321) 2390386
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

LEONARDO BUSINESS VENTURE, LLC

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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	EDUARDO ULMANN	3300 NE 188th ST. UNIT 216	<input type="checkbox"/> Add
		MIAMI, FL - 33180	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MARLI ULMANN	3300 NE 188th ST UNIT 216	<input type="checkbox"/> Add
		MIAMI, FL - 33180	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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[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)

Dated

APRIL, 18 2017

Signature of a member or authorized representative of a member

BILBELTU

DOMIN BATES
Typed or printed name of signee

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