

617 0000 37750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

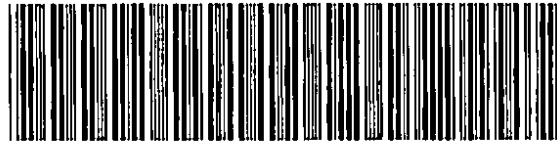
(Business Entity Name)

(Document Number)

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JAN 17

7 SIMMONS  
NOV 30 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**FMBJ INVESTMENTS LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**AMANDA VANZELA ESTEVES**

\_\_\_\_\_  
Name of Person

**GOLDEN HILLS SERVICES INC**

\_\_\_\_\_  
Firm/Company

**6925 LAKE ELLENOR DRIVE SUITE 117**

\_\_\_\_\_  
Address

**ORLANDO / FL 32809**

\_\_\_\_\_  
City/State and Zip Code

**AMANDA@BIZNEZSOLUTIONS.COM**

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

For further information concerning this matter, please call:

**AMANDA VANZELA ESTEVES**

at **407** \_\_\_\_\_

**5443244**

\_\_\_\_\_  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



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	MAYRA MOURA DOURADO ZAMPAR	2662 CORVETTE LANE KISSIMMEE - FL - 34746	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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MAR 29 11:12 AM '09  
KISSIMMEE, FL

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

Change of Address of Manager Fabio  
Dourado Zampar

2662 CORVETTE LANE, KISSIMMEE - FL - 34746

FILED  
NOV 29 11:12:58

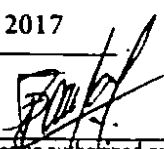
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 NOVEMBER 21, 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**FABIO DOURADO ZAMPAR**

\_\_\_\_\_  
Typed or printed name of signee