

L17000062939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

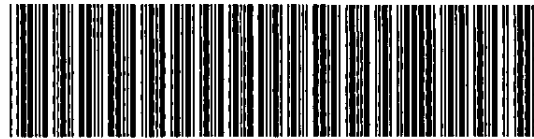
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 29 2017

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DAYENU SERVICES - 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:

VALERIA BRAGA BASTOS GONCALVES

Name of Person

DAYENU SERVICES - LLC.

Firm/Company

1506 NE 10 TH ST

Address

CAPE CORAL - FL 33909.

City/State and Zip Code

dayenu_cl@hotmail.com

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

For further information concerning this matter, please call:

VALERIA BRAGA BASTOS GONCALVES

239 2096654
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

DAYENU SERVICES - LLC.

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>
MGR	FERNANADA EVELYN B.B.G	1506 NE 10 TH ST	<input type="checkbox"/> Add
		CAPE CORAL - FL 33909.	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

THE NAME IS WRONG: (FERNANADA) EVELYN BRAGA BASTOS GONCALVES.

THE CORRECT NAME IS: FERNANDA EVELYN BRAGA BASTOS GONCALVES.

THANK YOU!!! GOD BLESS!!!

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17 JUN 27 AM 7:41
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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 JUNE, 13, 2017


Signature of a member or authorized representative of a member

VALERIA BRAGA BASTOS GONCALVES

Typed or printed name of signee