

7/18/2018

L17000161585

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H18000208227 3)))



H180002082273ABC/

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To:
Division of Corporations
Fax Number : (850)617-6383

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Corporate Filing Menu

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JUL 18 2018

((H18000208227 31))

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

Zip Code

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((H18000208221 511))

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>
AMBR	CATHEA MARIA DE OLIVEIRA	4301 NW 12TH TERRACE	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL	<input type="checkbox"/> Remove
		33064	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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.

Alyson Luvizotto
Signature of a member or authorized representative of a member

ALYSON LUVIZOTTO
Typed or printed name of signer

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2019 JUL 18 AM 11:51