

L17000135521

(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



000330202490

06/17/13--01021--011 \$930.00

FILED

19 JUN 17 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3

JUN 27 2019

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EQUIPRIME US 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:

LESLEY ROCHA MELLO

Name of Person

EQUIPRIME US LLC

Firm/Company

16764 BURLINGTON BRISTOL LN, DELRAY BEACH

Address

FLORIDA 33446

City/State and Zip Code

lesley.rochamello@gmail.com

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

For further information concerning this matter, please call:

Lesley Rocha Mello

Name of Person

at (561)

Area Code

716 6216

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

EQUIPRIME US 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 +AMBR	KARINA ROCHA MELLO	7495 W. ATLANTIC AV 200-284 DELRAY BEACH FL 33446-1302	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
19 JUN 10 PM 02:21
FILE
Remove
Change
Add

19 JUN 17 PH 2:21
SECRETARY OF IALL
TALL MIASS F. FLORIDA
3

FILED
19 JUN 17 PM 2:24
SECRETARY OF THE TALL
TALL MASS
3

(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.

Dated JUNE 11th, 2019

Signature of a member or authorized representative of a member

LESLEY ROCHA MELLO

Typed or printed name of signee