

L17000144255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

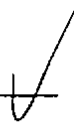
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MAIL

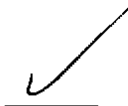
(Business Entity Name)

(Document Number)

Certified Copies

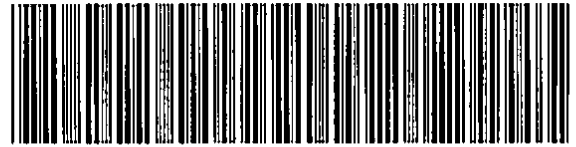


Certificates of Status



Special Instructions to Filing Officer:

Office Use Only



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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EGPA CARPENTRY 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:

ESTEVAO ABREU  
Name of Person  
EGPA CARPENTRY LLC  
Firm/Company  
9350 KETAY CIRCLE  
Address  
BOCA RATON, FL, 33428  
City/State and Zip Code  
estevao@egpa@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ESTEVAO ABREU at (561) 562 3833  
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 checked="" 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

EGPA CARPENTRY LLC

EGPA SERVICES LLC

9350 KETAY CIRCLE  
BOCA RATON, FL, 33428

9350 KETAY CIRCLE  
BOCA RATON, FL, 33428

**If Changing Registered Agent, Signature of New Registered Agent**

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	ESTEVAO ABREU	9350 KETAY CIRCLE	<input type="checkbox"/> Add
		BOCA RATON, FL, 33428	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	FLAVIA ABREU	9350 KETAY CIRCLE	<input type="checkbox"/> Add
		BOCA RATON, FL, 33428	<input type="checkbox"/> Remove
			<input checked="" 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.)*

E. Effective date, if other than the date of filing: 04/01/2020 (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**

March 26, 2020

Signature of a member or authorized representative of a member

ESTEVÃO ABREU

Typed or printed name of signee