

L17000221513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

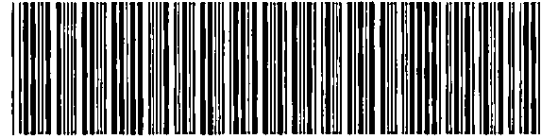
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLUS BRASIL LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SIMONE HUTTER

Name of Person

Firm/Company

PO BOX 618299

Address

ORLANDO FL 32861

City/State and Zip Code

SIMONE.HUTTER@HUTTERACC.COM

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

For further information concerning this matter, please call:

SIMONE HUTTER

407 3001088

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

PLUS BRASIL 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>
AMBR	BRUNO ROMERO PEDROSA MONTEIRO	RUA DE APIUCOS 317 APT 1901 RECIFE - PE - BRAZIL - 52071-300	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	SERGIO DE OLIVEIRA	11121 BENNET RD ORLANDO FL 32814	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input 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

STATIONER
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M 2:10
D

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

18 NOV 16 PM 2:11
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CLERK OF SUPERIOR COURT
STATE OF NEW YORK
WESTCHESTER COUNTY

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 11-14-2018 _____

BRUNO ROMERO PEDROSA MONTEIRO

Signature of a member or authorized representative of a member

BRUNO ROMERO PEDROSA MONTEIRO

Typed or printed name of signer