

L17000240559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

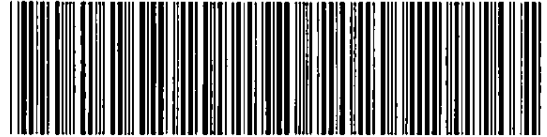
(Business Entity Name)

(Document Number)

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09/19/23--01007--004 **25.00

2023 SEP 19 AM 8:35

A. PARISHANI

OCT 14 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLIVE & PEPPER REAL ESTATE MANAGEMENT, 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:

ANGELA MACK

Name of Person

TAX ACCOUNTING & FINANCIAL SPECIALISTS, LLC

Firm/Company

2295 S. HIAWASSEE RD SUITE 407C

Address

ORLANDO FL 32835

City/State and Zip Code

info@creatixoffices.com

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

For further information concerning this matter, please call:

ANGELA MACK

407

710 0808

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 Address:

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

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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	RGP & SHORP HOLDING E ADMINISTRACAO LTDA	AV HIROSHIMA 636 VILA NASCENTECAMPO GF	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KALA KAUAI WEALTH MANAGEMENT CORPORATION	2295 S Hiawasse Rd, Suite 407C, Orlando, FL 32835	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2023 SEP 19 A4 8:35

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 AUGUST 29 2023

DocuSigned by
C. P. D. [Signature]

Signature of a member or authorized representative of a member

RODRIGO PIMENTEL GONCALVES

Typed or printed name of signee

Filing Fee: \$25.00