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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
Account Number : 120160000067  
Phone : (407)370-3686  
Fax Number : (407)370-3120

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

Email Address: PRIVATE @ LARSON ACC. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
COLORADO BDJ LLC

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

Help

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COLORADO BDJ 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:

CAROLINE LARSON

Name of Person

LARSON ACCOUNTING & CONSULTING SERVICES LLC

Firm/Company

7901 KINGSPONTE PARKWAY STE 17

Address

ORLANDO, FL 32819

City/State and Zip Code

PRIVATE@LARSONACC.COM

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

For further information concerning this matter, please call:

CAROLINE LARSON

Name of Person

407 370 3686

at ( )

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



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>
manager	Gilberto Diniz Junqueira	AV HUM 228	<input checked="" type="checkbox"/> Add
		ORLANDIA, SP 14620-000 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
manager	Caio Bueno Diniz Junqueira	AV HUM 228	<input checked="" type="checkbox"/> Add
		ORLANDIA, SP 14620-000 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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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.

  
Signature of a member or authorized representative of a member

GILBERTO DINIZ JUNQUEIRA  
Typed or printed name of signee