

L18000093684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

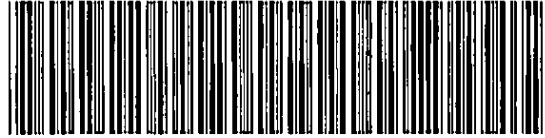
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
18 JUN 22 PM 3:07

N COOPER

JUN 22 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DLMS 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:

AMANDA VANZELA ESTEVES  
\_\_\_\_\_  
Name of Person  
  
GOLDEN HILLS SERVICES INC  
\_\_\_\_\_  
Firm/Company  
  
6925 LAKE ELLENOR DRIVE SUITE 117  
\_\_\_\_\_  
Address  
  
ORLANDO/ FL / 32809  
\_\_\_\_\_  
City/State and Zip Code  
  
AMANDA@BIZNEZSOLUTIONS.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMANDA VANZELA ESTEVES      407      5443244  
\_\_\_\_\_  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

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 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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

Title	Name	Address	Type of Action
MGR	MARIO S. CESAR SANTOS DO PRADO	AV HELIO BORESTEIN 901 CASA 13 MOGI DAS CRUZES, SP, 08790-230-BRAZIL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FIELD  
SECRETARY OF STATE  
DIVISION OF CORPORATION

18 JUN 22 PM 3:07

(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)

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 JUNE, 13, 2018

Signature of a member or authorized representative of a member

DENISE DE ALMEIDA

Typed or printed name of signee