

L18000 128 598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

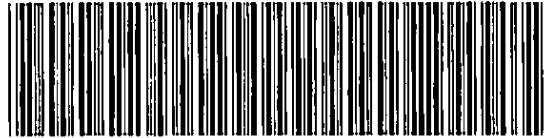
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JUN 25 AM 11:28

N COOPER

JUN 27 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KREBS & KLEBSEN 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:

ALEXANDER HACHE JR.

Name of Person

HACHE FINANCIAL SOLUTIONS LLC

Firm/Company

2645 EXECUTIVE PARK DRIVE, SUITE 118

Address

WESTON, FL 33331

City/State and Zip Code

ALEX@HACHEFINANCIAL.COM

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

For further information concerning this matter, please call:

ALEXANDER HACHE JR.

Name of Person

at ( 954 )

Area Code

701-0824

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

## KREBS &amp; KLEBSEN 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>
MEMB	CENTRO DE SERVICIOS EM ACOS LONGOS LTDA	RUA JOAO GOULART 1180	<input type="checkbox"/> Add
		CANOAS, RIO GRANDE DO SUL, BR 92420	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JULIANA KREBS AGUIAR	12794 FOREST HILL BLVD #20	<input type="checkbox"/> Add
		WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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**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

JUNE 18

Signature of a member or authorized representative of a member

06-0552 RJTA BENESINA  
Typed or printed name of signee

Typed or printed name of signee