

418000130504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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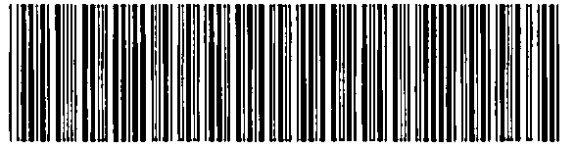
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AV & ELECTRICAL 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:

JULIANA DOS SANTOS

Name of Person

GFS TAX & ACCOUNTING SERVICES

Firm/Company

2001 W CYPRESS CREEK RD STE 102B

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

INFO@GFSTAXACCT.COM

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

For further information concerning this matter, please call:

JULIANA DOS SANTOS

954 957-3244
at ()
Area Code Daytime Telephone Number

Name of Person

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

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	ALEXANDRE CABRAL	1151 FLORANADA RD	<input checked="" type="checkbox"/> Add
		OAKLAND PARK, FL 33334	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	OM AIR SERVICES INC	1151 FLORANADA RD	<input checked="" type="checkbox"/> Add
		OAKLAND PARK, FL 3334	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ALEX CORREA	6139 NW 41ST DR	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	EDGAR PONS	6139 NW 41ST DR	<input type="checkbox"/> Add
		CORAL SPRING, FL 33067	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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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.

(b) The 90th day after the record is filed.

Dated AUGUST 28TH 2018

H

Signature of _____

Signature of a member or authorized representative of a member

ALEX CORREA

Typed or printed name of signee