

L18000146282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

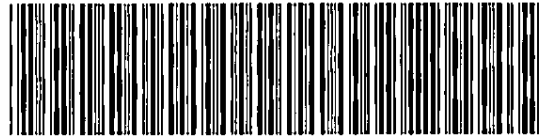
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 DEC 18 AM 3:28

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*Amended  
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DEC 21 2018

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C. BOROWSKI 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:

FILLIPE DE SOUSA LEITE

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

AVENIDA GETÚLIO VARGAS, 539, BAIRRO CENTRO, 1º ANDAR

\_\_\_\_\_  
Address

ITAÚNA, MINAS GERAIS, 35680-037, BRAZIL

\_\_\_\_\_  
City/State and Zip Code

fillipe@lgoadv.com.br

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

For further information concerning this matter, please call:

FILLIPE DE SOUSA LEITE

+55 37 32421985  
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





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 22, 2018

AVENIDA GETULIO VARGAS ATTN: FELIPE DE SOUSA LEITE  
539, BAIRRO CENTRO, 1 ANDAR  
ITAUNA, MINAS GERAIS 35680-037  
BRAZIL,

SUBJECT: C. BOROWSKI LLC  
Ref. Number: L18000146282

We have received your document for C. BOROWSKI LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (805) 245-6000.

Brenda L Vorisek  
Director

Letter Number: 918A00021658

A handwritten signature in black ink, appearing to be a stylized name or set of initials.

FILED  
18 DEC 18 AM 3:28  
SECRETARIAT of the GOVERNMENT  
TALLAHASSEE, FLORIDA  
and

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "limited liability company," the designation "LLC" or the abbreviation "L.L.C."

7310 WEST MCNAB ROAD, SUITE 209, TAMARAC

FLORIDA - 33321

7154 NORTH UNIVERSITY DRIVE, SUITE 283.

TAMARAC, FLORIDA - 33321

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida  
City

Zip Code:

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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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.)*

[illegible]

**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 SEPTEMBER 25

Signature of a member or authorized representative of a member

FILLIPE DE SOUSA LETTE

Typed or printed name of signee