

L18000161342

From Larson Accounting 321.888.4919 Tue Jul 10 14:12:20 2018 MDT Page 1 of 3  
Division of Corporations

7/10/2018

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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

18 JUL 10 PM 12:49

\*\*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@LARSONACC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
H & M PART LLC

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

J. J. EGGETT  
JUL 11 2018

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: H & M PART 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 GROUP  
Firm/Company  
7901 KINGSPORTE 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 3703686  
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

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

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	Arthur Bruno Vilela Silva	AV BOA VIAGEM 2080 APTO 304	<input type="checkbox"/> Add
		RECIFE PE 51111-000 BR	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

18 JUL 1964

C. 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)(h)  
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 7-9-18 \_\_\_\_\_

Mark Brown with Sec.  
Signature of a member or authorized representative of a member

ARTHUR BRUNNO VILELA SILVA  
Typed or printed name of signee