

**L18000216308**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

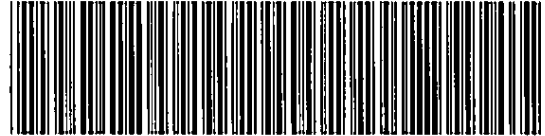
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 OCT -5 AM 10:11

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*Wheal*

BL VORISEK

OCT 20 2018

## COVER LETTER

• **TO:** Registration Section  
Division of Corporations

• **SUBJECT:** FLASH TONNEAU COVER USA 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:

JOAO LUIZ MALAGO

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

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

10860 HAYDN DRIVE

\_\_\_\_\_  
Address

BOCA RATON - FL 33498

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

primeincometax1@gmail.com

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

For further information concerning this matter, please call:

JOAO LUIZ MALAGO

561 961 9399

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
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

## FLASH TONNEAU COVER USA LLC

The Articles of Organization for this Limited Liability Company were filed on 09-11-2018 and assigned Florida document number L18000216308.

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>
ADD <i>Ambr</i>	FILIP TEJI GAMBA	1320, 1 STREET SE- CALGARY	<input checked="" type="checkbox"/> Add
		ALBERA-T2G 0G8 CANADA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

PLEASE ADD NEW MEMBER - FILIPI TELI GAMBA

09/27/2018

**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 SEPTEMBER 27 2018

SEPTEMBER 27

X *João Luiz Malago*

Signature

JOAO LUIZ MALAGO

Signature of a member or authorized representative of a member

JOAO LUIZ MALAGO

Typed or printed name of signee