

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L18000274455**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC  
Account Number : I20210000039  
Phone : (407)374-2329  
Fax Number : (407)412-5926

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GLAMEL ENTERPRISE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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T. LEMIEUX

AUG -4 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GLAMEL ENTERPRISE 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:

CLEITON CARDOSO

Name of Person

DOMINIUM CONSULTING SERVICES

Firm/Company

6965 PIAZZA GRANDE AVE - SUITE 206

Address

ORLANDO FLORIDA 32835

City/State and Zip Code

INFO@DOMINIUMCS.COM

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

For further information concerning this matter, please call:

CLEITON

407

374-2329

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

**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>
AMBR	Glaucia H de Mattos Costa Lage	RUA CHICAGO, 640 - 1701	<input type="checkbox"/> Add
		BELO HORIZONTE, MG	<input checked="" type="checkbox"/> Remove
		30315--520 BR	<input type="checkbox"/> Change
AMBR	AGL LTD	PO BOX 448	<input checked="" type="checkbox"/> Add
		GRAND CAYMAN, KY1-1106	<input type="checkbox"/> Remove
		CAYMAN ISLANDS	<input type="checkbox"/> Change
			<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

[illegible]

(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)

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 August 3rd, 2022

*[Signature]*

Signature of a member or authorized representative of a member

CSV CONSTRUCTION COMPANY LLC BY DEMETRIUS NUNES VENTURA

Typed or printed name of signee