

L18000

289552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

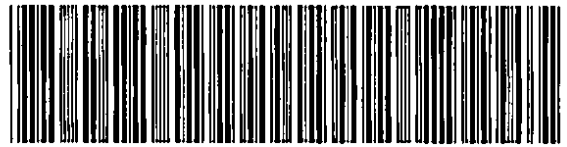
(Document Number)

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FILED

2020 MAR 13 PM 12:15

2020 MAR 13 PM 12:15

Amend/cis

MAR 27 2020  
I ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

MANOZZO & COLOSSI ENTERPRISES LLC

SUBJECT: \_\_\_\_\_

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:

Celso Moraes

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

ASSELFIS INTERNATIONAL LLC

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

7901 KINGSPONTE PARKWAY SUITE 10

\_\_\_\_\_  
Address

ORLANDO FL 32819

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

VICTORIA@ASSELFIS.COM

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

For further information concerning this matter, please call:

Victoria Moraes

407

826-1034

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

MANOZZO & COLOSSI ENTERPRISES LLC

**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 add or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CORSETTI MANOZZO, PATRICIA	10127 HARTFORD MAROON RD	<input type="checkbox"/> Add
		ORLANDO FL 32827	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GUIDI COLOSSI, GINCARLO	10127 HARTFORD MAROON RD	<input type="checkbox"/> Add
		ORLANDO FL 32827	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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.

2020

Dated \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

CELSO MORAES - AUTHORIZED REPRESENTATIVE OF A MEMBER

Typed or printed name of signee