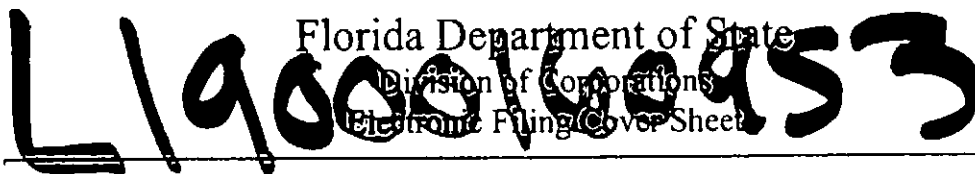


12/27/21, 1:23 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000468505 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
Account Number : I20160000067  
Phone : (407)370-3686  
Fax Number : (407)370-3120

2021 DEC 27 AM 9:00  
FILED

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

Email Address: MAYRA@LARSONACC.COM

2021 DEC 27 PM 1:44

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SANTUS & PERUCHI LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

C. BRUMBLEY  
DEC 28 2021

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SANTUS & PERUCHI 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  
INTERNATIONAL DIVISION BY LARSON LLC  
Firm/Company  
7901 KINGSPONTE PKWY STE 15  
Address  
ORLANDO, FL 32819  
City/State and Zip Code  
mayra@larsonacc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINE LARSON 407 3703686  
Name of Person at ( ) 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

4.

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

06/18/2019

Doc ID: 1db2e7bf0ce96a7d39b56d947235d7f891bad9d8

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	CELENA MARGARETE PERUCI	RUA AUGUSTO PRESGRAVE 260	<input checked="" type="checkbox"/> Add
		RIO DE JANEIRO, RJ 22793-730 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAFAEL PERUCHI CARVALHO	RUA AUGUSTO PRESGRAVE 260	<input checked="" type="checkbox"/> Add
		RIO DE JANEIRO, RJ 22793-730 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RENATA PERUCHI CARVALHO	RUA AUGUSTO PRESGRAVE 260	<input checked="" type="checkbox"/> Add
		RIO DE JANEIRO, RJ 22793-730 BR	<input type="checkbox"/> Remove
			<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
			<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.)**

[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.

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 DEZEMBRO, 27, 2021

Ricardo Carvalho

Signature of a member or authorized representative of a member

RICARDO SANTOS CARVALHO

Typed or printed name of signee

**Filing Fee: \$25.00**

Doc ID: 1db2e7bf0ce96a7d39b56d947235d7f891bad9d8