

L200000 68784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

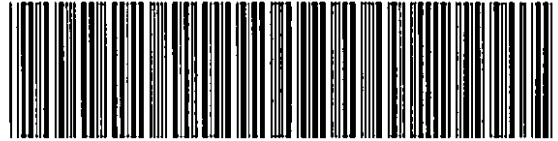
(Document Number)

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2020 JUL -2 AM 9:11

C. GOLDEN
JUL 11 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SARNO & PEREIRA COMPANY 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:

Jose Victor Silva Pereira

Name of Person

AES Accounting & Consulting LLC

Firm/Company

6965 Piazza Grande Avenue Suite 314

Address

Orlando/FL/32835

City/State and Zip Code

admin@aesaccounting.net

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

For further information concerning this matter, please call:

Alejandra Lopez

407

530 0958

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



2020 JUN 15 10:10
FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2020

JOSE VICTOR SILVA PEREIRA
6965 PIAZZA GRANDE AVENUE
SUITE 314
ORLANDO, FL 32835

SUBJECT: SARNO & PEREIRA COMPANY LLC
Ref. Number: L20000068784

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please list the complete name and address of each manager/member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 920A00011781

2028 J. -2 AM 9:1

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

This amendment is submitted to amend the following:

Pereira Properties Company LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

245 SE 1ST STREET, Suite 329, Miami, FL. 33131

(Principal office address MUST BE A STREET ADDRESS)

245 SE 1ST STREET, Suite 329, Miami, FL 33131

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____. Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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	MARIA VICTORIA CAETANO SILVA PEREIRA	Rua: Professor Torres Homem, 186,	<input checked="" type="checkbox"/> Add
		Santos, SP 11025-020, BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Crisly C Sarno	Rua: General Sena Vasconcelos, 115	<input type="checkbox"/> Add
		Sao Paulo, SP, 05611-010, BR	<input checked="" 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

[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.

Jose Victor Silva Pereira

Filing Fee: \$25.00