

L20000236611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

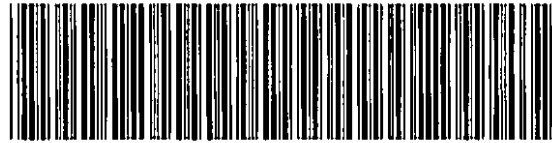
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 20 2021

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MR. FULGUEIRO INVESTMENTS 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:

EDDY FULGUEIRO
Name of Person

Firm/Company

674 SE PARK DR ; APT 1
Address

HALEAH FL 33010
City/State and Zip Code

EDDY FUL4@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDDY FULGUEIRO
Name of Person

at (786)
Area Code

343-3107
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

MR. FULGUEIRO INVESTMENTS LLC

and a
-1
AH 3:11

igned

MR. & MISS FULGUEIRO INVESTMENTS LLC

674 SE PARK DR

API 1

HALLEH FL 33010

674 SE PARK DR

APT

HALEAH FL 33010

EDDY FULGUEIRO

674 SC PARK DR APT

HALEAH

33010

Edgar
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

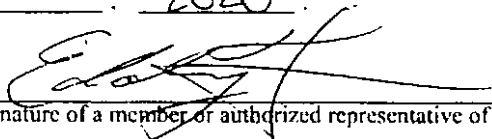
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EDDY FULGUEIRO	674 SE PARK DR	<input type="checkbox"/> Add
		APT 1	<input type="checkbox"/> Remove
		HIALEAH FL 33010	<input checked="" type="checkbox"/> Change
MGR	EDELYN C. FULGUEIRO	674 SE PARK DR	<input checked="" type="checkbox"/> Add
		APT 1	<input type="checkbox"/> Remove
		HIALEAH FL 33010	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 25 . 2020 .



Signature of a member or authorized representative of a member

EDDY FULGUEIRO

Typed or printed name of signer