

**L200003417**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : PRIME INCOME TAX AND ACCOUNTING LLC  
Account Number : I20210000201  
Phone : (561)409-3106  
Fax Number : (561)952-0315

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

Email Address: PRIMEINCOMETAX1@GMAIL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PWF INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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MAY 18 2023

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 MAY 17 AM 11:26

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PWF 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:

RAFAELA VIEIRA

Name of Person

PRIME INCOME TAX AND ACCOUNTING

Firm/Company

23269 STATE ROAD 7 SUITE 119

Address

BOCA RATON, FL, 33428

City/State and Zip Code

primeincometax1@gmail.com

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

For further information concerning this matter, please call:

CEZAR J FERREIRA

at (561) 409-3106

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

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR - Manager**  
**AMBR = Authorized Member**

[illegible]

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

Please change the address of officers WESLEN SOUSA SILVA and FLAVIA FERREIRA SOUSA

to AL DO MORRO 85 BLOCO 2 APT 1202 VILA DA SERRA, NOVA LIMA, MINAS GERAIS 34006083 BR.

**E. Effective date, if other than the date of filing: 05/17/2023 (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 MAY 17TH, 2023



Signature of a member or authorized representative of a member

CEZAR J FERREIRA

Typed or printed name of signer