

K21 000024636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

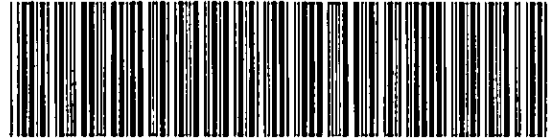
(Business Entity Name)

(Document Number)

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03/17/2022 11:01:36 AM **25.00

3-28-22
TAS

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 03-28-22 BY 1045

COVER LETTER

**TO: Registration Section
Division of Corporations**

Claudio Roberto Ferreira Maciel 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:

Claudio Maciel

Name of Person

Claudio Roberto Ferreira Maciel LLC

Firm/Company

3023 Irish Peach Drive

Address

Winter Garden, FL 34787

City/State and Zip Code

crfmaciell@yahoo.com

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

For further information concerning this matter, please call:

Claudio Maciel

407 5610108

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

Change LLC to PLLC, attached the Real Estate Sales Agent license.

Change Claudio Roberto Ferreira Maciel to AMBR

2022 APR -7 PM 1:57
CLAURO FERREIRA MACIEL

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.

03/01

2022

Dated _____

Signature of a member or authorized representative of a member

CLAUDIO ROBERTO FERREIRA MACIEL

Typed or printed name of signer



Ron DeSantis, Governor

Julie I. Brown, Secretary

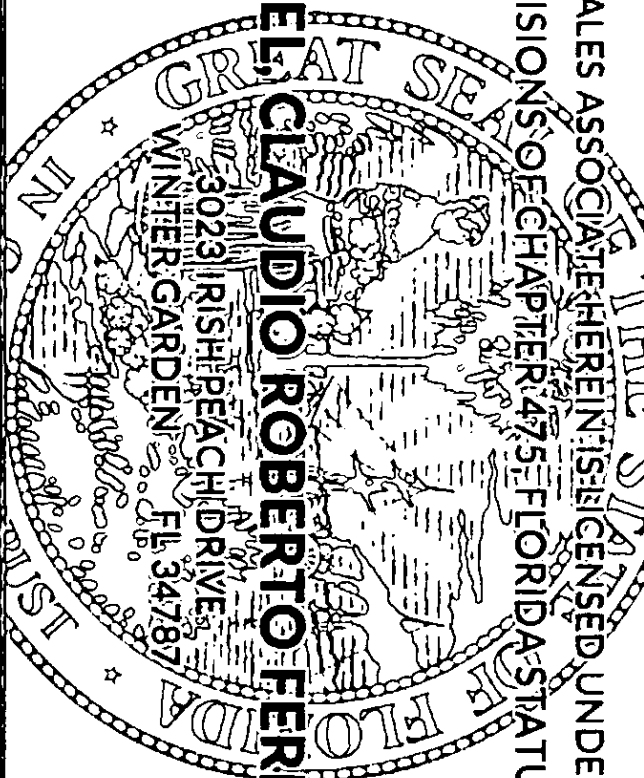


STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DIVISION OF REAL ESTATE

THE SALES ASSOCIATE HEREIN IS LICENSED UNDER THE
PROVISIONS OF CHAPTER 475, FLORIDA STATUTES

MACIEL, CLAUDIO ROBERTO FERREIRA



LICENSE NUMBER: SL3510014

EXPIRATION DATE: MARCH 31, 2023

Always verify licenses online at MyFloridaLicense.com

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