

121 000219291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

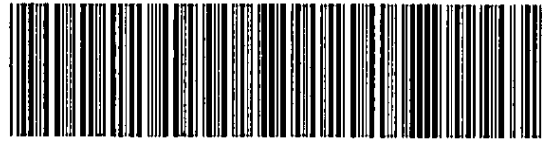
(Document Number)

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07/15/21



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U.S. DEPT. OF JUSTICE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BELI BELI HOUSE 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:

\_\_\_\_\_  
Name of Person

RS ACCOUNTING AND TAX SERVICES INC

\_\_\_\_\_  
Firm/Company

10 FAIRWAY DRIVE SUITE 226

\_\_\_\_\_  
Address

DEERFIELD BEACH, FL 33441

\_\_\_\_\_  
City/State and Zip Code

info@rsaccountingtax.com

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

For further information concerning this matter, please call:

RODRIGO P SILVA

954 218-6509

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

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## Beli Beli House LLC

NONE

NONE

NONE

NONE

NONE

Enter Florida street address

## Florida

Civ

Zip Code

**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	CASTRO BENDER, CAROLINA	10 FAIRWAY DRIVE SUITE 226 DEERFIELD BEACH	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

CASTRO BENDER, CAROLINA M

10 FAIRWAY DRIVE SUITE 226 DEERFIELD BEACH, FL 33441

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FD

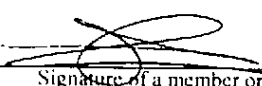
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 06/11 2021

  
Signature of a member or authorized representative of a member

LUIS FELIPE NUNES BENDER

Typed or printed name of signee

**Filing Fee: \$25.00**