

L21 000341243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

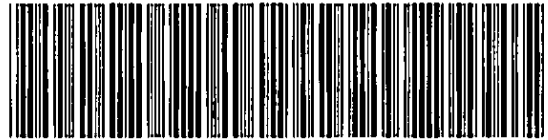
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

9/30/21
JRM

Office Use Only



900373641079

09/30/21--01:24--019 **25.00

21 SEP 20 PM 12:40

Manoel Messias L Da Silva Jr
5566 belrose st
Lehigh Acres, FL 33971
239 785 8873

Florida department of Corporations
2415 N Monroe St Suite 810
Tallahassee, FL 32303

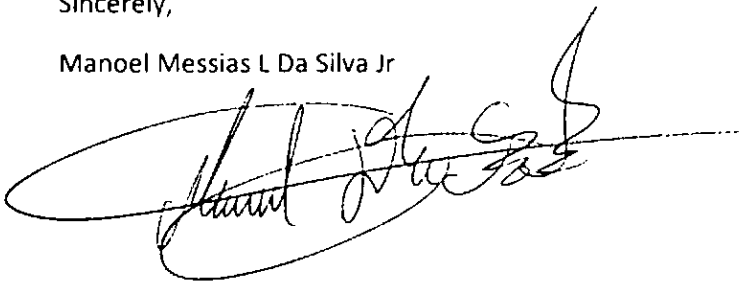
In the packet contains the LLC amendment form to alter the name of the current registered agent.

The packet includes:

- LLC Amendment form
- Money order for 25 dollars

Sincerely,

Manoel Messias L Da Silva Jr

A handwritten signature in black ink, appearing to read 'Manoel Messias L Da Silva Jr', with a large, sweeping flourish extending from the end of the signature.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Improv Powers 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:

Manoel M Da Silva JR
Name of Person

Improv Powers LLC
Firm/Company

5566 Belrose ST
Address

Lehigh Acres, FL 33971
City/State and Zip Code

Manoel101DCSilvaJR@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manoel Da Silva JR at (239) 785 8873
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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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Manoel M Da Silva JA</u>	<u>5566 Belrose ST</u>	<input type="checkbox"/> Add
		<u>Lehigh Acres FL 33971</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Manoel Messias L Da Silva JA</u>	<u>5566 Belrose ST</u>	<input checked="" type="checkbox"/> Add
		<u>Lehigh Acres FL 33971</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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 15, 2021.



Signature of a member or authorized representative of a member

Manuel Mass. as a Pa. S. in GR

Typed or printed name of signee

Filing Fee: \$25.00