

1710000532571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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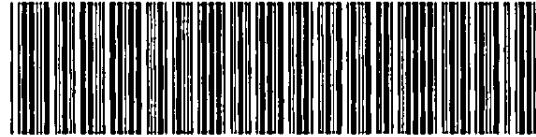
(Business Entity Name)

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STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

Fabello 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:

Milton Lopes Fontoura Neto

Name of Person

Fabello LLC

Firm/Company

21940 NW 54TH CRT RD

Address

Micanopy, FL 32667-7943

City/State and Zip Code

miltonlopes01@gmail.com

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

For further information concerning this matter, please call:

Milton Lopes Fontoura Neto

352 888-2705

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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TALLAHASSEE FL

(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

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STATIONARY
TALLAHASSEE, FL

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ST. LOUIS, MO
TALLAHASSEE, FL

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March 20 2022
Dated

Milton Lopes Fontoura Neto

Typed or printed name of signee