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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LORENA SOUSA PMU 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:

LORENA C DAVI DE SOUSA  
Name of Person  
Firm/Company  
55 NE 5 STREET, APARTMENT 2409  
Address  
MIAMI, FLORIDA 33132  
City/State and Zip Code  
lorsousa2004@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORENA C DAVI DE SOUSA at (786) 868-8341  
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 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>
MGR	LORENA C DAVI DE SOUSA	55 NE 5 STREET	<input type="checkbox"/> Add
		APARTMENT 2409	<input type="checkbox"/> Remove
		MIAMI, FLORIDA 33132	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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