

L22000165349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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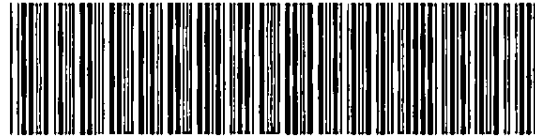
(Business Entity Name)

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R. HUNT

01/31/23

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROVEN 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:

FRANCISCO J. CIDRAL FILHO

Name of Person

PROVEN LLC

Firm/Company

7637 RIPPLEPOINTE WAY

Address

WINDERMERE, FL - 34786

City/State and Zip Code

REGIANE74@GMAIL.COM

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

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For further information concerning this matter, please call:

REGIANE D. SCOZ CIDRAL

Name of Person

at ( 561 )

Area Code

405-5058

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 Changing Registered Agent, Signature of New Registered Agent**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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(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.

Dated JANUARY 26, 2023

REGIANE D. SCOZ CIDRAL

Typed or printed name of signee