

h22 000220412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

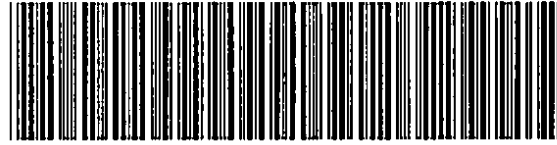
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WOLCAN RENTALS 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:

RODRIGO WOLFF DE SOUZA ARAUJ

Name of Person

WOLCAN RENTALS LLC

Firm/Company

13455 LAKE TURNBERRY CIRCLE

Address

ORLANDO, FL 32828

City/State and Zip Code

WOLCANGROUP@GMAIL.COM

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

For further information concerning this matter, please call:

RODRIGO WOLFF DE SOUZA ARAUJO

443

4108360

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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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2022

RODRIGO WOLFF DE SOUZA ARAUJ
WOLCAN RENTALS LLC
13455 LAKE TURNBERRY CIRCLE
ORLANDO, FL 32828

SUBJECT: WOLCAN RENTALS LLC
Ref. Number: L22000220412

We have received your document for WOLCAN RENTALS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6942.

Becky McKnight
Operations & Management Consultant Mgr Letter Number: 322A00017979

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	Rodrigo Wolff de Souza Araujo	13455 LAKE TURNBERRY CIRCLE	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32828	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Silda Stefany Lopez Candia	13455 LAKE TURNBERRY CIRCLE	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32828	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00