

62000230889

Florida Department of State
Division of Corporations
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H220002349603ABC

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TAXPEOPLE LLC
Account Number : I20200000160
Phone : (772)460-1000
Fax Number : (772)777-3071

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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2022 JUL 14 PM 1:45

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COSTA PROFESSIONAL SERVICES USA, LLC

Certificate of Status	0
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Page Count	03
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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

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JUL 15 2022

(((H22000234960 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COSTA PROFESSIONAL SERVICES USA, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claudio Toledo Ribeiro

Name of Person

TaxPeople, LLC

Firm/Company

2855 SW Brighton St

Address

Port St Lucie, FL 34953

City/State and Zip Code

info@taxpeoplefl.com

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

For further information concerning this matter, please call:

Claudio Toledo Ribeiro

772

at ()

460.1000

Name of Person

Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (9/15)

(((H22000234960 3)))

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: COSTA PROFESSIONAL SERVICES USA, LLC

SECOND: The Florida Document number of the limited liability company is: L22000280889

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LLC

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

ARTICLE IV: The name and address of person(s) authorized to managed LLC - NAME (wrong)

ARTICLE IV: CORRECT NAME SHOULD BE - WARLEY COSTA DE PAULA

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

The electronic transmission of the record was defective.

07/11/2022

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature