

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CPSL CONSULTING L.L.C.
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:

CLAUDIA PICANCO DE SEIXAS LOUREIRO
Name of Person
CPSL CONSULTING L.L.C.
Firm/Company
14186 TITLE WAY
Address
WINTER GARDEN- FL ZIPCODE:34787
City/State and Zip Code
consultoriacpsl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIA PICANCO DE SEIXAS LOUREIRO at (407) 8135473
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	CLAUDIA C LOUREIRO	14186 TITLE WAY	<input type="checkbox"/> Add
		WINTER GARDEN FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CLAUDIA PICANCO DE SEIXAS LOUREIRO	14186 TITLE WAY	<input checked="" type="checkbox"/> Add
		WINTER GARDEN FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

