

# L230000146052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

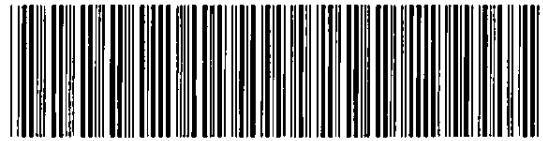
(Business Entity Name)

(Document Number)

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2024 SEP 12 PM 3:16  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RAPHA CAR WASH AND DETAILING 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:

CASSIA DOSSANTOS

\_\_\_\_\_  
Name of Person

D.SPARK SERVICES LLC

\_\_\_\_\_  
Firm/Company

771 S. KIRKMAN RD / SUITE 106

\_\_\_\_\_  
Address

ORLANDO / FL / 32811

\_\_\_\_\_  
City/State and Zip Code

DSPARKBUSINESS@GMAIL.COM

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

For further information concerning this matter, please call:

CASSIA DOSSANTOS

407 669-2090

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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(Name of the Limited Liability Company as it now appears on our records) **STATE OF FLORIDA**  
(A Florida Limited Liability Company) **WELLS FARGO BANK, N.A.**

**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         | RAFAEL R A AMARAL CRUZ                   | 2525 CATTLEMEN RD, APT 3102  | <input type="checkbox"/> Add               |
|              |  | SARASOTA, FL 34232           | <input checked="" type="checkbox"/> Remove |
|              |  |                              | <input type="checkbox"/> Change            |
| AMBR         | RAFAEL R A AMARAL CRUZ                   | 2529 CATTLEMEN RD            | <input checked="" type="checkbox"/> Add    |
|              |  | APT 4209, SARASOTA, FL 34232 | <input type="checkbox"/> Remove            |
|              |  |                              | <input type="checkbox"/> Change            |
| MGR          | ELISMARA GUSMAO FRANCA <del>AMARAL</del> | 2525 CATTLEMEN RD, APT 3102  | <input type="checkbox"/> Add               |
|              |  | SARASOTA, FL 34232           | <input checked="" type="checkbox"/> Remove |
|              |  |                              | <input type="checkbox"/> Change            |
| MGR          | ELISMARA GUSMAO FRANCA <del>AMARAL</del> | 2529 CATTLEMEN RD            | <input checked="" type="checkbox"/> Add    |
|              |  | APT 4209, SARASOTA, FL 34232 | <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            |
|              |  |                              | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Correcting Address of AMBR - RAFAEL R A AMARAL CRUZ From 2525 CATTLEMEN RD

APT 3102, SARASOTA, FL 34232

Correcting Address of AMBR - RAFAEL R A AMARAL CRUZ To 2529 CATTLEMEN RD

APT 4209, SARASOTA, FL 34232

Correcting Address of MGR - ELISMARA GUSMAO FRANCA AMARAL From 2525 CATTLEMEN RD

APT 3102, SARASOTA, FL 34232

Correcting Address of MGR - ELISMARA GUSMAO FRANCA AMARAL To 2529 CATTLEMEN RD

APT 4209, SARASOTA, FL 34232

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**E. Effective date, if other than the date of filing:** 09/06/2024 (optional)

(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.

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.

Dated SET/06 2024

RAFAEL R.A. AMARAL CRUZ  
Signature of a member or authorized representative of a member

RAFAEL R. A. AMARAL CRUZ  
Typed or printed name of signee

Filing Fee: \$25.00