

L24000012720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

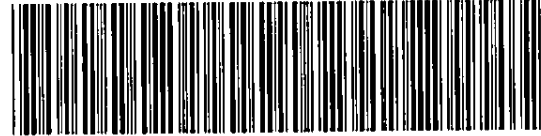
(Business Entity Name)

(Document Number)

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DATE: 06/11/24

NAME: LKKL INVESTMENTS & SERVICES LLC

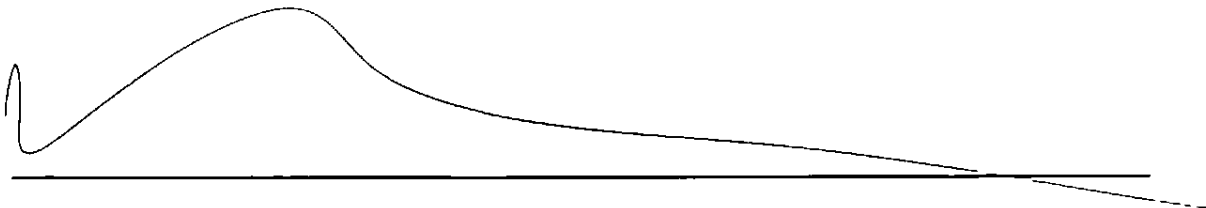
TYPE OF FILING: AMENDMENT

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LKKL Investments & Services 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:

Katia Aparecida da Silva

Name of Person

LKKL Investments & Services LLC

Firm/Company

610 Sycamore Street, Ste 315

Address

Celebration, FL 34747

City/State and Zip Code

centroeducacionalconquista@bol.com.br

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

For further information concerning this matter, please call:

Katia Aparecida da Silva _____ at (_____) _____
Name of Person Area Code Daytime Telephone Number
+5511961837643 - Brazil

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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(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	Katia Aparecida da Silva	1499 Brentwood Drive, Kissimmee, FL 34746	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Luiz Carlos Palaro	1499 Brentwood Drive, Kissimmee, FL 34746	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

11:05

E. Effective date, if other than the date of filing: _____ (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 June 10th 2024

Katia Aparecida da Silva

06/10/24

Signature of a member or authorized representative of a member

Katia Aparecida da Silva

Typed or printed name of signee

Filing Fee: \$25.00