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## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **FRANCO HOMES 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:

**ADRIANA LOPES BARROS MUNHOLI**

Name of Person

**PREMIUM CONSULTING AND TAX SERVICES**

Firm/Company

**8803 FUTURES DRIVE SUITE 5B**

Address

**ORLANDO, FLORIDA, 32819**

City/State and Zip Code

**ADRIANA@PREMIUMTAXUSA.COM**

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

For further information concerning this matter, please call:

**ADRIANA LOPES BARROS MUNHOLI**

**321 236-0200**

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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TALLAHASSEE, FLORIDA

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**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	BETO SERVICES, LLC	13319 SW 42ND CIRCLE, OCALA, FL 34473	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADALBERTO C GALVAO NETO	13319 SW 42ND CIRCLE, OCALA, FL 34473	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JULIE KAREN OLIVEIRA DE CASTRO	13319 SW 42ND CIRCLE, OCALA, FL 34473	<input type="checkbox"/> Add
			<input checked="" 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

SECRETARY OF DEFENSE  
TALLAHASSEE, FL

24 OCT -7 PM 12:07

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

2024 OCT -7 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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 OCTOBER 3 2024

Signature of a member or authorized representative of a member

ADALBERTO DE CASTRO G NETO

Typed or printed name of signee