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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

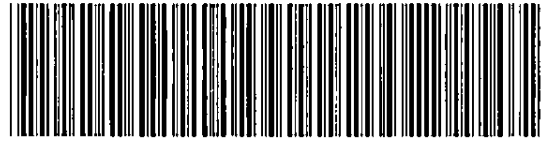
(Business Entity Name)

(Document Number)

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SEC. OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASA Client Deposits 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:

Emanuel da Rosa Lima

Name of Person

N/A

Firm/Company

66 W Flagler St Suite 900 # 10139

Address

Miami, FL 33130

City/State and Zip Code

asacient@proton.me

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

For further information concerning this matter, please call:

Emanuel da Rosa Lima

786 638-8384
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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 &
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

SECRETARY OF STATE
TALLAHASSEE, FL

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FILED
2004 APR -1 PM 3:40
CLERK OF DISTRICT COURT
REGISTERED AGENT
ST. LOUIS, MISSOURI

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	Emanuel da Rosa Lima	66 West Flagler Street	<input checked="" type="checkbox"/> Add
		Suite 900 # 10139	<input type="checkbox"/> Remove
		Miami, FL 33130	<input type="checkbox"/> Change
MGR	Elce L. Moreira	66 West Flagler Street	<input type="checkbox"/> Add
		Suite 900 # 10139	<input checked="" type="checkbox"/> Remove
		Miami, FL 33130	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FL

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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.

Dated March 25th, 2024

2024
Signature of a member or author

Signature of a member or authorized representative of a member

Emanuel da Rosa Lima

Typed or printed name of signee

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SEC. CLERK OF STATE
TALLAHASSEE, FL

Filing Fee: \$25.00