

# L24000094138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

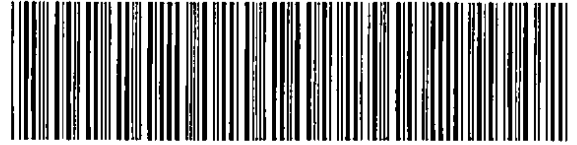
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2024 AUG -2 AM 10:19  
TALLAHASSEE, FLORIDA

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2024 AUG -2 PM 4:35  
TALLAHASSEE, FLORIDA

**FLORIDA CAPITAL COURIER SERVICES, INC**

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

**Please use funds from account: I20210000160: \$25.00**

**Authorization Signature:** 

**Business Name:** PBACK DEVELOPMENT LLC

**Document #** L24000094138

     Certified Copy

     Certificate of Status

**NEW FILINGS**

**&**

**AMENDMENTS**

     Profit Corp

     Not for Profit

     Limited Liability

     Domestication

     LLLP

     Corp

     Inc

     Other

  X   Amendment

     Resignation / Dissociation

     Change of Registered Agent

     Dissolution for LLC

     Merger

     Articles of Conversion

     Amended & Restated Articles of Incorporation

     Statement of Authority

**APOSTILLE(s)**

**&**

**OTHER FILINGS**

     Apostille(s)

     Country(s)

     Foreign Filing

     Reinstatement

     Qualification

     Fictitious Name

     Annual Report

**EXAMINER'S INITIALS:** \_\_\_\_\_

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PBACK DEVELOPMENT 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:

GIOVANNI PIANA NETTO

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

I4 BUILD CORP

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

7901 4TH ST N STE 300

\_\_\_\_\_  
Address

ST PETERSBURG, FL 33702

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

compliance@accoretax.com

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

For further information concerning this matter, please call:

LUCAS SILVA

954 380-6672

at ( )

\_\_\_\_\_  
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  
and assigned

**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>
MGR	FELIPE RUBACK FERNANDES	16582 SILVERSAW PALM DR	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PIANA NETTO, GIOVANNI	16582 SILVERSAW PALM DR	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	I4 BUILD CORP	7901 4TH ST N STE 300	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PIANA NETTO, GIOVANNI	R. ISAAC KRASILCHICK, 88 TOR A, APT 142	<input checked="" type="checkbox"/> Add
		SAO PAULO, SP 05036-165, BR	<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.)*

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TALLAHASSEE, FLORIDA

**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 AUGUST 2, 2024

Signature of a member or authorized representative of a member

GIOVANNI PIANA NETTO

Typed or printed name of signee