

L24000279494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

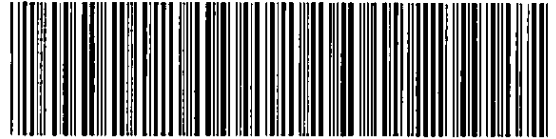
(Business Entity Name)

(Document Number)

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2024-09-12 14:14

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: LEONARDO BUENO ART 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

D.SPARKBUSINESS@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:

☐ \$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

2017

**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	ERNANDA CALICCHIO MUNHC	9017 VIA DI CANTI DR	<input type="checkbox"/> Add
		WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FERNANDA C. MUNHOZ FERNA	9017 VIA DI CANTI DR	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LEONARDO MORAES CARVALH	RD MARIA DA FE - CRISTINA 27, LAGE	<input type="checkbox"/> Add
		MARIA DA FE, MG 37517-000 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LEONARDO MORAES CARVALH	RD MARIA DA FE - CRISTINA 27, LAGE	<input checked="" type="checkbox"/> Add
		MARIA DA FE, MG 37517-000 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.)**

Correcting name of MGR From ERNANDA CALICCHIO MUNHOZ FEF

Correcting name of MGR To FERNANDA C. MUNHOZ FERNANDES

Correcting Title LEONARDO MORAES CARVALHO From MRG

Correcting Title LEONARDO MORAES CARVALHO To MGR

**E. Effective date, if other than the date of filing: 08/28/2024 (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 AUG,28 2024

FERNANDA C. MUNHOZ FERNANDES

Signature of a member or authorized representative of a member

FERNANDA C. MUNHOZ FERNANDES

Typed or printed name of signee

Filing Fee: \$25.00