

L24000365329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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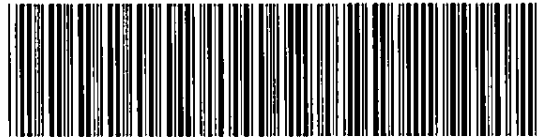
(Business Entity Name)

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**SECRETARY OF STATE
TALLAHASSEE, FL**

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FEB 13 2025

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OLIVER'S SERVICES USA 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:

ANTONIO CARLOS MOREIRA DE OLIVEIRA

Name of Person

Oliver's Star investment LLC

Firm/Company

5520 LYONS RD APT 207

Address

COCONUT CREEK, FL 33073

City/State and Zip Code

tuninho.antoniocarlosmoreira@gmail.com

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

For further information concerning this matter, please call:

ANTONIO CARLOS MOREIRA DE OLIVEIRA

754

3056130

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

OLIVER'S SERVICES USA LLC

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

_____ ☐ Change

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(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)

Dated December 19th, 2024

Typed or printed name of signee