

MI7000002985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500302878205

08/29/17--01027--007 \*\*25.00

FILED  
17 SEP 22 AM 8:49  
TALLAHASSEE, FLORIDA

SEP 22 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 31, 2017

MICHEL DE AMORIM  
601 BRICKELL KEY DR SUITE 901  
MIAMI, FL 33131

SUBJECT: CAREMUNDI LLC  
Ref. Number: M17000002985

We have received your document for CAREMUNDI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 417A00018051

RECEIVED  
2017 SEP 22 AM 10:13  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAREMUNDI LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHEL DE AMORIM  
Name of Person

DRUMMOND CPA LLC  
Firm/Company

601 BRICKELL KEY DR, STE 921  
Address

MIAMI, FL 33131  
City/State and Zip Code

MAMORIM@DRUMMONDANISOAS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHEL DE AMORIM at ( 781 ) 770-0005  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CAREMUNAT LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address)  
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address)  
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M17-000002985

3. Jurisdiction of its organization: \_\_\_\_\_

4. Date authorized to do business in Florida: \_\_\_\_\_

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
-----------------	------	---------	----------------

MGAM	ANDRE DI DONATO	ALAMEDA CORVINA, 232 RES 1	<input type="checkbox"/> Add
------	-----------------	----------------------------	------------------------------

		SAO PAULO, SP BRAZIL	<input checked="" type="checkbox"/> Remove
--	--	----------------------	--

MGAM	FELIPE DOMENICO NEGAI	AVA CARLOS PEDRELL, 207	<input checked="" type="checkbox"/> Add
------	-----------------------	-------------------------	---

		SAO PAULO, BR 5571-050	<input type="checkbox"/> Remove
--	--	------------------------	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input checked="" type="checkbox"/> Remove
--	--	--	--

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input checked="" type="checkbox"/> Remove
--	--	--	--

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

[Signature]  
Signature of the authorized representative

Andre C. Di Donato  
Typed or printed name of signee

Filing Fee: \$25.00