

L110000 28409

(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



400287089784

06/22/16--01008--009 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32302
16 JUN 22 AM 11:11

JUN 23 2016

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Felca II, 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:

Leticia B. Cirera

Name of Person

MACPACJAC Management, LLC

Firm/Company

13322 SW 128 Street

Address

Miami, Florida 33186

City/State and Zip Code

3dmannual@gmail.com

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

For further information concerning this matter, please call:

Leticia B. Cirera

305 238-0600
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/COURIER ADDRESS:

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

FILED
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 JUN 22 AM 11:11

Felca II, LLC

The Articles of Organization for this Limited Liability Company were filed on 03/07/2011 and assigned Florida document number L11000028409

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices 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)

B. If amending the registered agent and/or registered office 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

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	Camacho, Felisberto	13322 SW 128 Street	<input type="checkbox"/> Add
		Miami, Florida 33186	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Cirera, Leticia B.	13322 SW 128 Street	<input checked="" type="checkbox"/> Add
		Miami, Florida 33186	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
SECRETARY OF FLORIDA
FALL 2015
JUN 2 AM 11 11

16 JUN 22

FILED STATE
SECRETARY OF RECORDS
TALLAHASSEE, FLORIDA
16 JUN 22 AM 11:11

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.

(b) The 90th day after the record is filed.

Dated June 9, 2016

~~Signature of a member or authorized representative of a member~~

Leticia B. Cirera

~~Typed or printed name of signee~~