

L110000 71118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/03/20--01020--004 **25.00

SEP 22 2020
S. YOUNG

RECEIVED
OFFICE OF THE CLERK
10/1/2020 10:09 AM

2020 AUG -3 AM 7:09

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Meta Capital, 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:

Felix R. Castillo

Name of Person

Biscayne Business Management, Inc

Firm/Company

4000 Ponce De Leon Blvd., Suite 420

Address

Coral Gables, FL 33146

City/State and Zip Code

Felix@castilloandcompany.com

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

For further information concerning this matter, please call:

Felix R. Castillo

Name of Person

at (305)

Area Code

556-0167

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

FILED
2020 AUG -3 AM 7:09
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF CALIFORNIA
SAN JOSE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L11000071118

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

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	Zuloaga, Guillermo	250 Bird Road, Suite 200	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Coral Gables, FL 33009	<input type="checkbox"/> Change
MGR	Echevarria, Oscar	250 Bird Road	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Coral Gables, FL 33009	<input type="checkbox"/> Change
MGR	Zuloaga Siso, Guillermo	4000 Ponce De Leon Blvd.	<input type="checkbox"/> Add
		Suite 415	<input type="checkbox"/> Remove
		Coral Gables, FL 33146	<input checked="" type="checkbox"/> Change
MGR	Capriles, Martin	4000 Ponce De Leon Blvd.	<input type="checkbox"/> Add
		Suite 415	<input type="checkbox"/> Remove
		Coral Gables, FL 33146	<input checked="" 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

[illegible]

(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)

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.

7/23/10

Authorized representative of a

GOVERNOR ZULUAGA

Filing Fee: \$25.00