

L16000030979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

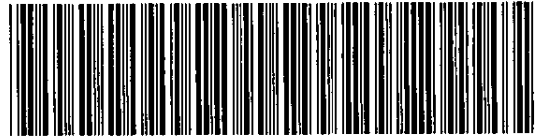
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DIVISION OF COURT CLERKS

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NOV 21 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2016

PEDRO VELASQUEZ
16218 SIERRA PALMS DR
DELRAY BCH, FL 33484

SUBJECT: MAPISO LLC
Ref. Number: L16000030979

RECEIVED
2016 NOV 15 PM 5:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MAPISO 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):

Pages 1 & 3 were not received, please return application with all pages enclosed make sure page 3 is signed.

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.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 216A00022445

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAPISO 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:

Pedro Pablo Velasquez
Name of Person
Mapiso LLC
Firm/Company
16218 Sierra Palms Dr
Address
Delray Beach FL 33484
City/State and Zip Code
ppvlasquez@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pedro Pablo Velasquez at (561) 3174531
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MADISO LLC

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

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number _____.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

City

, Florida

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	Maurocio Piedrahita	16218 Sierra Palms Dr	<input type="checkbox"/> Add
		Delray Beach Fl	<input checked="" type="checkbox"/> Remove
		33484	<input type="checkbox"/> Change
MGR	Amalia Sardi	16218 Sierra Palms Dr	<input type="checkbox"/> Add
		Delray Beach Fl	<input checked="" type="checkbox"/> Remove
		33484	<input type="checkbox"/> Change
MGR	Rosa Amalia Sardi	16218 Sierra Palms Dr	<input checked="" type="checkbox"/> Add
		Delray Beach Fl	<input type="checkbox"/> Remove
		33484	<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

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15 NOV 5 PM 4:17
DISPATCH
COMMUNICATIONS
SECTION

16 NOV 15 11 41
DIVISION OF INVESTIGATIONS

16 NOV 15 PM 4:14
DIVISION OF INVESTIGATION

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

(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.

Dated 11, 11, 2016

Rodro Pablo Vly

Signature of a member or authorized representative of a member

Pedro Pablo Velasquez

Typed or printed name of signee