

217000029747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

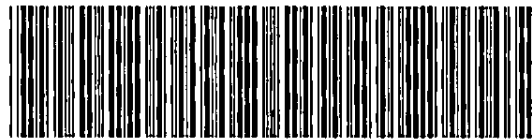
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/16/18--01010--019 \*\*25.00

2018 OCT 15 AM 8:30

FILED

2018 OCT 15 AM 9:50

NOT RECORDED

10/23/18 JS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAMPOS FAMILY 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:

ALEXANDER G CUBAS

Name of Person

ALEXANDER G CUBAS PA

Firm/Company

9580 SW 107 AVENUE, SUITE 202

Address

MIAMI, FL 33176

City/State and Zip Code

ACUBAS@CUBASLAW.COM

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

For further information concerning this matter, please call:

ALEXANDER G CUBAS

305

595-6337

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  
OCT 15 A 8:34

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

(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 02/07/2017 and assigned  
Florida document number L17000029747

This amendment is submitted to amend the following:

**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**

9580 SW 107 AVENUE

SUITE 202

MIAMI, FL 33176

**Enter new mailing address, if applicable:**

**Mailing address MAY BE A POST OFFICE BOX**

9580 SW 107 AVENUE

SUITE 202

MIAMI, FL 33176

**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:**

ALEXANDER G CUBAS, PA

**New Registered Office Address:**

9580 SW 107 AVENUE, #202

*Enter Florida street address*

MIAMI

*City*

Florida 33176

*Zip Code*

**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  
understand 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	FRANCIS N. HAWLEY	40 SW 13 STREET	<input type="checkbox"/> Add
		SUITE 203	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33130	<input type="checkbox"/> Change
MGR	ALEXANDER G. CUBAS	9580 SW 107 AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 202	<input type="checkbox"/> Remove
		MIAMI, FL 33176	<input type="checkbox"/> Change
AMBR	LILIANA TORO	9580 SW 107 AVENUE	<input type="checkbox"/> Add
		SUITE 202	<input type="checkbox"/> Remove
		MIAMI, FL 33176	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

CT 15 A. 8. 3u

Oct 15 A. 8:30

(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)

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

2018

LILIANA TÓRO

Typed or printed name of signee