

L18000037361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

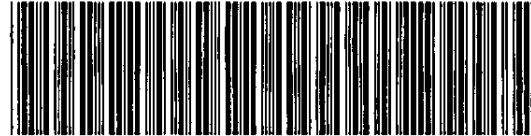
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200310036822

03/08/18--01019--022 **25.00

FILED
18 MAR - 8 AM 9:49
TALLAHASSEE, FLORIDA

MAR 09 2018

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAGAISA SOLUTIONS 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:

MICHELLY FERREIRA

Name of Person

CAMPANA GROUPS INC

Firm/Company

15510 ASPEN HILLS LANE 1212

Address

CHARLOTTE, NC 28277

City/State and Zip Code

MICHELLY@CAMPANAGROUPS.COM

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

For further information concerning this matter, please call:

MICHELLY FERREIRA

954 228-0706
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

MAGAISA SOLUTION LLC

Page 1 of 3

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>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

18 MAR - 9:30 AM
RECEIVED
STATE OF CALIFORNIA
DEPARTMENT OF
INDUSTRIAL RELATIONS

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

18 MAR -8 AM 9:49
STATION
RECEIVED

18 MAR - 8 AM 9:49

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 FEBRUARY 22ND, 2018

Milena Barro

Signature of a member or authorized representative of a member

MILENA C BARROS

Typed or printed name of signee