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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Musa del Campo UC 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:
OSCAR Ricardo Rodriguez Name of Person
Name of Person  Musa del Campo LC  Firm/Company
777 NW ZIST FERRACE Address
City/State and Zip Code  City/State and Zip Code  Medicale/Campo C gman L. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Catali Ha Pinto at (407) 791 - 3717  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certificate

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

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Musa del Campo LLC

(Name of the Limited I	<u>liability Company as it now appears o</u> Florida Limited Liability Company)	PLORIDA	
The Articles of Organization for this Limited Liabi		eb 27, 2018	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company here	:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e: 777 NW Z	1st terrace	
(Principal office address MUST BE A STREET)		1 33127	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	777 NW Micanii,	21 <sup>54</sup> tesic FL 33127	100
B. If amending the registered agent and/or registered agent and/or the new registered office	address here:		r the name of the new
Name of New Registered Agent: CECA	Kicurolo incorrigios		
New Registered Office Address:	Enter Florida	street address	
_	Miami	, Florida _	33127
	City		Zıp 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>	Address	Type of Action
MGR	Oscar Ricardo Rodeiguez	777 NW ZIST FERRACE, MILLIMI, PL 33727	, <b>⊠</b> Add
			Remove
			Change
MGR	Tatlana Patino	777 NW 21ST FRACE, Miami, FL3312	7 □ Add
			Remove
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