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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	MUSA D	EL CAMPO LLC		· , •••
SOBOLE IV	Name of Limi	ted Liability Company	<u> </u>	
The enclosed Articles of A	Amendment and fee(s) are subi	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	1,177,17	Name of Person		
			c	
		IUSA DEL CAMPO LLO		
		Firm/Company		
		P.O BOX: 420027		
		Address		
		MIAMI, FL 33242		
		City/State and Zip Code		
		sadelcampo@gmail.com		
	E-mail address: (to be used for future annual	report notification)	
For further information co	oncerning this matter, please ca	all:		
Oscar Riccar	do Rodriguez	786 29	05-5854	
Name of	Person	Area Code	Daytime Telephone l	Number
Enclosed is a check for th	_			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end	closed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Division The Ce 2415 N	address: ration Section on of Corporations entre of Tallahassee J. Monroe Street, S assee, FL 32303	

(2)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUSA DEL C	AMPO LLC				
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears d Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Compar	ny were filed on	02/27/2018	and ass	igned	
lorida document number					
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lis	ability company her	<u>e</u> :			
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the de-	signation "LLC" or the	abbreviation "L.	L.C."	
Enter new principal offices address, if applicable:			<u>.</u>		
Principal office address MUST BE A STREET ADDRESS)					
	***		- N		
			2020 SEC ALI		
Enter new mailing address, if applicable:			AP AP		
Mailing address MAY BE A POST OFFICE BOX)	_		S 2		
Hunng dudress MAT DE AT COT CITIES 20.17	-				
3. If amending the registered agent and/or registered offic	e address on our re	cords, enter the n	ame of the ne	w registe	
gent and/or the new registered office address here:			5 0		
Name of New Registered Agent:	ALICIA	DIAZ DIAZ			
N. D. Water d Office Address:	6021 SW 97TH AVE				
New Registered Office Address:	Enter Florida street address				
	MIAMI	. Florida	33173		
	City	, 1 101 Ida	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>	Address	Type of Action
MBR	LAURA C. PINTO	33 EAST CAMINO REAL, APT 227	□Add
		BOCA RATON, FL 33432	Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
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			□Remove
			□ Change



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Alsena Dr.	ated	April 20		2020				
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Filing Fee: \$25.00