

L18 000052092

(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



000343413470

04/27/20--01019--017 **25.00

FILED
2020 APR 27 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SIIKER

MAY 11 2020

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MUSA DEL CAMPO 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:

Name of Person
MUSA DEL CAMPO LLC
Firm/Company
P.O BOX: 420027
Address
MIAMI, FL 33242
City/State and Zip Code
musadelcampo@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oscar Riccardo Rodriguez at (786) 205-5854
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

②

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

MUSA DEL CAMPO 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 02/27/2018 and assigned
Florida document number L18000052092

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:

ALICIA DIAZ DIAZ

New Registered Office Address:

6021 SW 97TH AVE

Enter Florida street address

MIAMI

Florida

33173

City

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.

Alicia Diaz

If Changing Registered Agent, Signature of New Registered Agent

④

[illegible]

4

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.

Dated April 20, 2020

Alma Di

Typed or printed name of signee

Filing Fee: \$25.00