

L18000179398

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DIVISION OF CORPORATIONS  
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SEP 14 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Madeleine Capital 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:

Madeleine C. Munilla  
Name of Person

Madeleine Capital LLC  
Firm/Company

7277 Sunset Dr.  
Address

Miami, FL 33143  
City/State and Zip Code

mmunilla@me.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Madeleine Munilla at (305) 243-5566  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Madeleine Capital LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 7/26/18 and signed

Florida document number 116000179398

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)

Madeleine Munilla  
7277 Sunset Dr.  
Miami FL 33143

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7277 Sunset Dr.  
Miami FL 33143

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:

Madeleine Munilla

New Registered Office Address:

7277 Sunset Dr.  
Enter Florida street address

Miami, Florida 33143  
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 all 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.*

MJ Munilla  
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>
AMGR	Madeleine Murilla	9277 Sunset Dr.	<input checked="" type="checkbox"/> Add
		Miami FL 33143	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Daniel Murilla	5400 SW 83 Ave	<input type="checkbox"/> Add
Remove ↑		Miami FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I Am Removing Daniel Monilla for  
Madeleine Monilla

Change Principal Address to  
7277 Sunset Dr.  
Miami Fl. 33143

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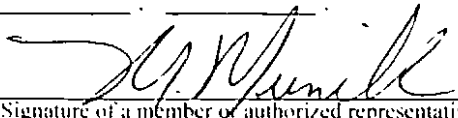
E. Effective date, if other than the date of filing: 7/26/18 (optional)

(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 \_\_\_\_\_

  
Signature of a member or authorized representative of a member

Madeleine Monilla  
Typed or printed name of signer