

118 000 229 038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

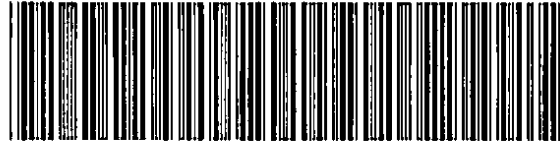
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MC ISLAND 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:

Alvaro Castillo B., P.A.

\_\_\_\_\_  
Name of Person

Castillo & Associates

\_\_\_\_\_  
Firm/Company

1390 Brickell Avenue, Suite 200

\_\_\_\_\_  
Address

Miami, Florida 33131

\_\_\_\_\_  
City/State and Zip Code

alvaro@alvarocastillopa.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Alvaro Castillo

305 371-5540

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

## MC ISLAND 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>                      |
|--------------|----------------------|----------------------|--|
| MGR          | Jaime Matute Cortina | 1390 Brickell Avenue | <input type="checkbox"/> Add               |
|              |                      | Suite 200            | <input checked="" type="checkbox"/> Remove |
|              |                      | Miami, Florida 33131 | <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            |

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TALLAHASSEE, FLORIDA

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee