

L19 0000067610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

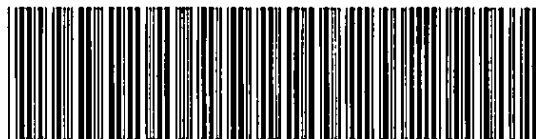
(Document Number)

Certified Copies _____

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JAN 14 2020

2019 DEC -9 PM 5:05

FILED

Handwritten signature

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEGA CREATIVE AGENCY 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:

KAROLINA TORRES

Name of Person

KTORRES SERVICES CORP

Firm/Company

600 S FEDERAL HWY STE 207

Address

DEERFIELD BEACH FL 33441

City/State and Zip Code

KTORRES@KTORRESSERVICES.COM

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

For further information concerning this matter, please call:

KAROL TORRES

954 380-0755
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 Address:

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

MEGA CREATIVE AGENCY 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>
AMBR	VETOR COMMERCE CORP	6172 N STATE RD 7 APT 209	<input type="checkbox"/> Add
		COCONUT CREEK FL 33073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CRIART GROUP USA CORP	7356 VISCAYA CIR	<input type="checkbox"/> Add
		MARGATE FL 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMGR	DOUGLAS ROBERTO	6474 VINELAND RD # 307	<input type="checkbox"/> Add
		ORLANDO FL 32819	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MMGR	VIVIANE DE SOUZA PEREIRA	6474 VINELAND RD # 307	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32819	<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

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated NOVEMBER 27TH 2019

Douglas DE A. Roberts
Signature of a member or authorized representative of a member

DOUGLAS ROBERTO

Filing Fee: \$25.00