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COVER LETTER

CAMPOF	ERT USA, LLC				
CCT:	Name of Limi	ited Liability Company			
return all correspo	ndence concerning this matter	to the following:			
	IVAN MAURICIO GUZN	MAN ROJAS			
	 	Name of Person			
		Firm/Company	<u> </u>		
	3565 W ATLANTIC BLV	D APT. 309			
	Address POMPANO BEACH, FL, 33069				
	ivanmguzmanr@hotmail.co	City/State and Zip Code			
	E-mail address: (t	to be used for future annual report notifi	ication)		
ther information c	oncerning this matter, please ca	all:			
dauricio Guzman	Rojas	754 7152882			
Name of Person		at () Area Code Daytime	Telephone Number		
ed is a check for th	ne following amount:				
5.00 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)		
	Division of Cor (CAMPOF) CCT: closed Articles of return all correspondant corre	POMPANO BEACH. FL. ivanmguzmanr@hotmail.co E-mail address: (ther information concerning this matter) Name of Person ed is a check for the following amount: 5.00 Filing Fee S30.00 Filing Fee	Division of Corporations CAMPOFERT USA, LLC CCT: Name of Limited Liability Company Plosed Articles of Amendment and fee(s) are submitted for filing. Return all correspondence concerning this matter to the following: IVAN MAURICIO GUZMAN ROJAS Name of Person Firm/Company 3565 W ATLANTIC BLVD APT. 309 Address POMPANO BEACH, FL, 33069 City/State and Zip Code ivanmguzmanr@hotmail.com E-mail address: (to be used for future annual report notification information concerning this matter, please call: Mauricio Guzman Rojas 754 7152882 at () Name of Person Area Code Daytime Ed is a check for the following amount: S.00 Filing Fee S30.00 Filing Fee Scriffied Copy		

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

TO ARTICLES OF ORGANIZATION OF

CAMPOFERT USA, 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 ______ and assigned 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 "LLC." 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) ഗ B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida _

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 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JEAN PAUL OSORIO	1467 VERACRUZ LN WESTON, FL 33327	
			□ Remove
			Change
			Remove
			☐ Change
			Remove
			☐ Change
			Add
			□ Remove
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			Remove
			□ Change

	
If an effect Note: If	e date, if other than the date of filing:
he reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
t	his 15th of July 2019
Dated _	
	/ /V/ /
	Signature of a her ber of authorized representative of a member
	Van Maurico Guzman, Rojos. Typed or printed fiame of signee
	Typed or printed fiame of signee

Page 3 of 3

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