

L19 000 278 700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

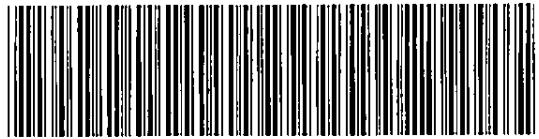
(Business Entity Name)

(Document Number)

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03/29/23--01012--016 \*\*25.00

2023 MAR 29 PM 4:33  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAMICAROGUN 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:

CARLOS G MOSTEIRO

Name of Person

CAMICAROGUN LLC

Firm/Company

19522 GALLEON POINT DR

Address

LEHIGH ACRES, FL 33936

City/State and Zip Code

LASAMERICAS/AG @ Gmail.com

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

For further information concerning this matter, please call:

CARLOS G. MOSTEIRO

Name of Person

at

(239)

Area Code

825-6249

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input 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 Address:**

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

2023 FEB 29 PM 4:33

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

SHARES WILL BE AS FOLLOWS:

VALERIA A PINOLA WILL HAVE 40%

**CAMILA E. MOSTEIRO PINOLA WILL HAVE 20%**

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:

CARLOS G MOSTEIRO

Typed or printed name of signee

**Filing Fee: \$25.00**