

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L20000043313**

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(((H24000074263 3)))



H240000742633ABC

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : MAP GLOBAL CORP
Account Number : 120200000134
Phone : (786)270-6393
Fax Number : (786)359-4086

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TALLAHASSEE, FL

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mapglobalmanncorp@gmail.com

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P/LLLP AMENDMENT/RESTATEMENT/CORRECTION
D&C 506 INVESTMENT GROUP LLC

Certificate of Status	0
Certified Copy	0
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February 27, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

D&C 506 INVESTMENT GROUP LLC
8813 W 35TH AVE
HIALEAH, FL 33018US

SUBJECT: D&C 506 INVESTMENT GROUP LLC
REF: L24000043313

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Only one document per fax audit sheet. You have submitted half of an amendment and a dissociation form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H24000074263
Letter Number: 724A00004282

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D&C 506 INVESTMENT GROUP, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or disassociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MARIA A OCANDO
(Contact Person)
MAP GLOBAL CORP
(Firm/Company)
8813 W 35TH AV
(Address)
DALELAK, FL 33018
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA A OCANDO at 786 270-6393
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

D&C 506INVESTMENT GROUP 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 02/12/2024 and assigned
Florida document number L2000043313.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

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:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2024 MAR 11 AM 8:02
SECURITY STATE
TALLAHASSEE FL

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:

NA

New Registered Office Address:

Enter Florida street address

Florida

City

Post 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 the 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Persons) 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	DAILY MATA LINFORD	CONDOMINIO BOSQUE DE CARAO APT 3BR	Add
		SAN JOSE, SA 10903 CR	Remove
			Change
AMBR	DAILY MATA MARLON A	CONDOMINIO BALCONACHIPELIN CASA 73	Add
		SAN JOSE 10201 CR	Remove
			Change
AMBR	CALVO CALVO GIOVANNIE	SAN RAFAEL 50 MFS SUR ESCUELA MONSIEUR	Add
		DREAMINGO CT 30701 CR	Remove
			Change
AMBR	CALVO GUILLEN FERNANDA	CONDOMINIO BOSQUE DE CARAO APT 3BR	Add
		SAN JOSE, SA 10903 CR	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

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

Amending requesting add EIN 05-02776677

E. Effective date, if other than the date of filing: _____ (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 002-0207 (380)

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: (a) The 90th day after the record is filed

Dated 02-12-2024

Fernanda Calvo G.

Signature of a member or authorized representative of a member

Fernanda Calvo Guillen

SIGNATURE

Linford Deiley M.

Typed or printed name of signer