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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

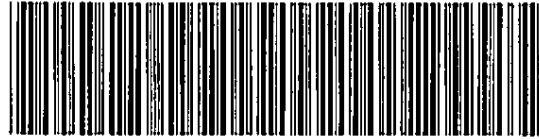
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COVID-19 BRIGADE 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:

MARINA ALMANZAR

Name of Person

COVID-19 BRIGADE LLC

Firm/Company

7225 NW 25th ST #109

Address

MIAMI, FL 33122

City/State and Zip Code

covid19brigade@gmail.com

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

For further information concerning this matter, please call:

MARINA ALMANZAR

786

445-6304

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

If Changing Registered Agent, Signature of New Registered Agent

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	MARINA ALMANZAR	7225 NW 25th ST.	<input checked="" type="checkbox"/> Add
		SUITE 109	<input type="checkbox"/> Remove
		MIAMI, FL 33122	<input type="checkbox"/> Change
MGR	PEDRO CARNERO	7225 NW 25th ST., SUITE 109	<input checked="" type="checkbox"/> Add
		SUITE 109	<input type="checkbox"/> Remove
		MIAMI, FL 33122	<input type="checkbox"/> Change
MGR	HERIBERTO LEON	PO BOX 61150	<input checked="" type="checkbox"/> Add
		NO MIAMI, FL 33261-1150	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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)

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.

Dated JUNE 15 2020


Signature of a member or authorized representative of a member

Michael H. Hidalgo MICHAEL HIDALGO
Typed or printed name of signee