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(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

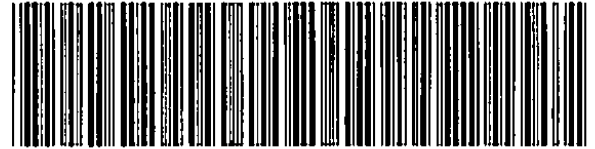
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/28/20
JA

**TO: Registration Section
Division of Corporations**

SUBJECT: MAJOSA, 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:

PAOLA CARDENAS

Name of Person

TAX CARE ORLANDO

Firm/Company

12701 S JOHN YOUNG PKWY SUITE 216

Address

ORLANDO, FLORIDA, 32837

City/State and Zip Code

taxcareorlando@taxcareinc.com

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

For further information concerning this matter, please call:

Paola Cardenas

321

284-9341

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

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or removed from our records.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Francisco J Gomez Gracia	OTONAL ORIENTE 12110	<input type="checkbox"/> Add
		LAS CONDES. SA 75500-00 CH	<input type="checkbox"/> Remove
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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)

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.

Dated November 19, 2020

Francisco Gomez
Signature of a member or authorized representative of a member

Francisco J Gomez Gracia

Typed or printed name of signee

Filing Fee: \$25.00