

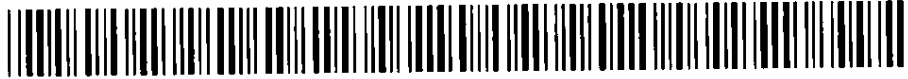
4/30/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000175214 3)))



H2100017521434BCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

From:
Account Name : SOUSA & ASSOCIATES INC
Account Number : I20190000111
Phone : (407)800-7028
Fax Number : (407)992-9407

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAFELI LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

MAY - 4 2021

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

H21000175214 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAFELI 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:

MARIA C SOUSA

Name of Person

SOUSA & ASSOCIATES INC

Firm/Company

5728 MAJOR BLVD, STE 309

Address

ORLANDO FL 32819

City/State and Zip Code

DOCUMENTS@SOUSANASSOCIATES.COM

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

FILED
2021 MAY -3 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MARIA C SOUSA

407

800-7028

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

H21000175214 3

H21000175214 3

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

MAFELI 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 01/22/2021 and assigned
Florida document number L21000020557.

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 "L.L.C."

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) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City Zip 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

H21000175214 3

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>
AMBR	Felipe R Novoa Guibovich	Av del Parque Norte 707	<input type="checkbox"/> Add
		Dpto 203 San Isidro, Lima Peru	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Lisette Monje Leon	Av del Parque Norte 707	<input checked="" type="checkbox"/> Add
		Dpto 203 San Isidro, Lima Peru	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mateo Novoa Monje	Av del Parque Norte 707	<input checked="" type="checkbox"/> Add
		Dpto 203 San Isidro, Lima Peru	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Maria Fernanda Novoa Monje	Av del Parque Norte 707	<input checked="" type="checkbox"/> Add
		Dpto 203 San Isidro, Lima Peru	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 MAY -3 PM 12:39

FILED

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
WASHINGTON, D. C. 20520

2021 MAY -3 PM 12:39

100

(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) this date will not be listed as the date of filing for the purpose of the applicable statutory filing requirements.

Dated April 28, 2021

Felipe R Nova Guibovich

Filing Fee: \$25.00

1121000175214 3