

L21 000063274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FRANCELLO 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:

MARIO TELLO

Name of Person

BUSINESSBK LLC

Firm/Company

7791 NW 46TH ST SUITE 219

Address

DORAL, FL 33166

City/State and Zip Code

info@businessbk.com

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

For further information concerning this matter, please call:

MARIO TELLO

at (305) 798-0274

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

FRANCELLO 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 02/05/2021 and assigned
Florida document number L21000063274.

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

2021
APR 13
4:11 PM
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

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	JOSE E VALLEJO	936 NE 42ND AVE	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FL 33033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The Membership Interest and Capital Distributions of the Members of the Limited Liability Company

will be changed to the following percentages:

Jose E Vallejo --> 50%

Maria A Carrillo --> 50%

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 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.

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 3/30/2021

DocuSigned by:



Signature of a member or authorized representative of a member

MARIA A CARRILLO

Typed or printed name of signee

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Certificate Of Completion

Envelope Id: 839E4F46F07B472F9744D1C3758C2513
 Subject: Please DocuSign: Amendment.pdf
 Source Envelope:
 Document Pages: 6
 Certificate Pages: 4
 AutoNav: Enabled
 Envelope Stamping: Enabled
 Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed

Envelope Originator:
 Mario Tello
 PO box 720426
 PO box 720426
 Doral, FL 33172
 info@businessbk.com
 IP Address: 170.250.26.249

Record Tracking

Status: Original
 3/30/2021 9:10:46 AM

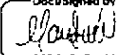
Holder: Mario Tello
 info@businessbk.com

Location: DocuSign

Signer Events

Maria A Carrillo
 carrillo1390@gmail.com
 Security Level: Email, Account Authentication
 (None)

Signature

DocuSigned by

 908CA7AE443642E

Signature Adoption: Drawn on Device
 Using IP Address: 172.58.14.145
 Signed using mobile

Timestamp

Sent: 3/30/2021 9:13:25 AM
 Viewed: 3/30/2021 9:14:20 AM
 Signed: 3/30/2021 9:15:19 AM

Electronic Record and Signature Disclosure:
 Accepted: 3/30/2021 9:14:20 AM
 ID: 77efadb9-2bbe-42f7-a3ad-e35c4005d143

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent Hashed/Encrypted
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 Signing Complete Security Checked
 Completed Security Checked

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Payment Events

Status

Timestamps

Electronic Record and Signature Disclosure