

121 000304884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

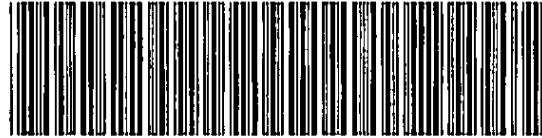
(Document Number)

Certified Copies _____ Certificates of Status _____

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02/14/22--01018--015 **25.00

FILED
2022 MAR -8 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

MAR 23 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My British Passport 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:

Pieter Niemann

Name of Person

My British Passport LLC

Firm/Company

500 Bayview Drive, # 1728

Address

Sunny Isles Beach, FL 33160

City/State and Zip Code

documents@mybritishpassport.com

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

For further information concerning this matter, please call:

Pieter Niemann

786

301-7444

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

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 MAR 8 PM 4:04
our records.)

SECRETARY OF STATE

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.

[illegible]

[illegible]

(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.

Signature of a member

PIETER NIEMANN

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR -8 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FL

February 25, 2022

PIETER NIEMANN
500 BAYVIEW DRIVE #1728
SUNNY ISLES BEACH, FL 33160

SUBJECT: MY BRITISH PASSPORT LLC
Ref. Number: L21000304884

We have received your document for MY BRITISH PASSPORT LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 822A00004656

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>
<u>MGR</u>	<u>Mayte Campo</u>	<u>4707 Lindever Ln</u>	<input type="checkbox"/> Add
		<u>Palmetto, FL 34221</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Paul E. Campo</u>	<u>4707 Lindever Ln</u>	<input checked="" type="checkbox"/> Add
		<u>Palmetto, FL 34221</u>	<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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			<input type="checkbox"/> Change

[illegible]

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~~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.~~

Signature of a member or authorized representative of a member

Raul E. Campo
Typed or printed name of signee

Filing Fee: \$25.00