## 122000033792

| (Requestor's Name)                      |                |
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| (Address)                               |                |
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| (Address)                               |                |
|   |                |
| (City/State/Zip/Phone #)                | <del>-</del> - |
|   |                |
| PICK-UP WAIT                            | MAIL           |
|   |                |
| (Business Entity Name)                  | <del>_</del>   |
| (2200000 2000, 70000)                   |                |
| (Document Number)                       | ···            |
| (Boodine Hamasi)                        |                |
| Certified Copies Certificates of        | Status         |
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| Special Instructions to Filing Officer: | ,              |
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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

RECEIVED

| Jacqueline C                | Campo LLC                                       |   | 2022 JUN -8         | AM 11: 17   |
|-----------------------------|---|---|---------------------|-------------|
| SUBJECT:                    | Name of Limi                                    | ted Liability Company   |                     |             |
|                             |   |   | SIELLXE.            |             |
| The enclosed Articles of    | Amendment and fee(s) are subr                   | nitted for filing.  |                     |             |
| Please return all correspo  | ndence concerning this matter t                 | to the following:   |                     |             |
|                             | Olga Diaz                                       |   |                     |             |
|                             | . <del></del> -                                 | Name of Person  |                     |             |
|                             | Olga Diaz, CPA PA                               |   |                     |             |
|                             |   | Firm/Company  |                     | . •         |
|                             | 8321 Balgowan Road                              | •   |                     |             |
|                             |   | Address   | <del></del>         |             |
|                             | Miami Lakes, Florida 3301                       | .6  |                     |             |
|                             |   | City/State and Zip Code   |                     |             |
|                             | odiazepa@yahoo.com                              |   |                     |             |
|                             | E-mail address: (                               | to be used for future annual report not                             | tification)         |             |
| For further information c   | oncerning this matter, please ca                | all:  |                     |             |
| Olga Diaz                   |   | 305 793-7779<br>at ()   |                     |             |
| Name o                      | f Person  | Area Code Daytin  | ne Telephone Number |             |
| Enclosed is a check for the | ne following amount:                            |   |                     |             |
| ■ \$25.00 Filing Fee        | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C         | of Status & |
| Mailing Addres Registration |   | Street Address:<br>Registration S                                   | ection              |             |
| Division of Corporations    |   | Division of Co  | orporations         |             |
| P.O. Box 6327               |   | The Centre of   | Tallahassee         |             |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



August 23, 2022

OLGA DIAZ, CPA, PA 8321 BALGOWAN ROAD MIAMI LAKES, FL 33016

SUBJECT: JACQUELINE CAMPO LLC

Ref. Number: L22000033792

We have received your document for JACQUELINE CAMPO LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6939.

Stacy Prather Regulatory Specialist III

Letter Number: 422A00018795

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| A COURT BIR CAMBOLI C  |  |                           | 2022                  |       |
|--|--|---------------------------|-----------------------|-------|
| JACQUELINE CAMPO LLC   |  |                           |                       |       |
| ( <u>Name of the Limited Liabilit</u><br>(A Florida  | ty Company as it now appears on or<br>Limited Liability Company) | ur records.               | 그 및 명                 | . ; ; |
| (**************************************  |  |                           | S                     | 1     |
| The Articles of Organization for this Limited Liability C  | Company were filed on 01/31/20.                                  | 22                        | and assigned P. 12: 4 | Tit   |
| Florida document number L22000033792   |  |                           | 一 产产 芸                |       |
|  | <del></del>  |                           | ST 22                 |       |
| This amendment is submitted to amend the following:  |  |                           | ह्यां च               |       |
| A. If amending name, enter the new name of the lim   | ited liability company here:                                     |                           |                       |       |
| The new name must be distinguishable and contain the words "Lim  Enter new principal offices address, if applicable: |  |                           |                       | -     |
| (Principal office address MUST BE A STREET ADDI  | <u> </u>   |                           | <del></del> -         | -     |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                                |  |                           |                       | -     |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here:            | d office address on our record                                   | ls, <u>enter the name</u> | of the new registe    | ered  |
| Name of New Registered Agent:  |  |                           |                       | -     |
| N. B 1000 All  |  |                           |                       |       |
| New Registered Office Address:   | Enter Florida str  | reet address              |                       | -     |
|  |  | Florida                   |                       |       |
|  | City   | , 1 101 144               | 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>            | Address                               | Type of Action |
|--------------|------------------------|---------------------------------------|----------------|
| AMBR         | Oilse Gonzalo Gonzalez | 16001 NW 87th ct Miami Lakes Fl 33018 | ■Add           |
|              |                        | <del></del>                           | □Remove        |
|              |                        |                                       | □Change        |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. 6-10-22 Dated authorized representative of a member