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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2021 FEB -2 PM 10:17  
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FEB 11 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JACQUELINE CAMPO 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:

JACQUELINE CAMPO

\_\_\_\_\_  
Name of Person

JACQUELINE CAMPO LLC

\_\_\_\_\_  
Firm/Company

16001 NW 87 CT

\_\_\_\_\_  
Address

MIAMI LAKES FL 33018

\_\_\_\_\_  
City/State and Zip Code

JCAMPOCABALLERO@GMAIL.COM

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

For further information concerning this matter, please call:

JACQUELINE CAMPO

305 9704932  
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. G St., Tallahassee, FL 32310

**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>                   |
|--------------|-------------|--------------------|---|
| AMBR         | MONICA MESA | 1912 WELLINGTON ST | <input checked="" type="checkbox"/> Add |
|              |             | NAPLES FL 34120    | <input type="checkbox"/> Remove         |
|              |             |                    | <input type="checkbox"/> Change         |
|              |             |                    | <input type="checkbox"/> Add            |
|              |             |                    | <input type="checkbox"/> Remove         |
|              |             |                    | <input type="checkbox"/> Change         |
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SERRA VALLEY  
CALIF

(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 1/29 2024

Carroll

Signature of a member or authorized representative of a member

JACQUELINE CAMPO

Typed or printed name of signee