

L220002 12/33

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

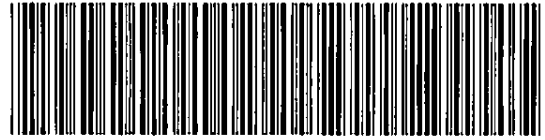
(Business Entity Name)

(Document Number)

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03/20/24--01031--017 **35.00

MA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAMPOSSIBLE 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 CAROLINA PARELES
Name of Person
CAMPOSSIBLE LLC
Firm/Company
6165 NW 114TH CT APT. 114
Address
DORAL, FL 33178
City/State and Zip Code
mcarolinapareles@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA CAROLINA PARELES at (305) 333-8447
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

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

CAMPOSSIBLE 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 05/04/2022 and assigned Florida document number L22000212133.

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)

6165 NW 114TH CT

UNIT 114

DORAL, FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6165 NW 114TH CT

UNIT 114

DORAL, FL 33178

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: MARIA CAROLINA PARELES

New Registered Office Address: 6165 NW 114TH CT UNIT 114

Enter Florida street address

DORAL

City

Florida 33178

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.

x 

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	MARIA CAROLINA PARELES	6165 NW 114TH CT APT. 114	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CARLOS JOEL CAMPOS	6165 NW 114TH CT APT. 114	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIA VERONICA PARELES Z	913 NW 97TH AVE APT. 107	<input type="checkbox"/> Add
		MIAMI, FL 33172	<input checked="" 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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CAMPOSSIBLE LLC HAS NEVER FUNTIONED OR GENERATED INCOME AS A PARTNERSHIP

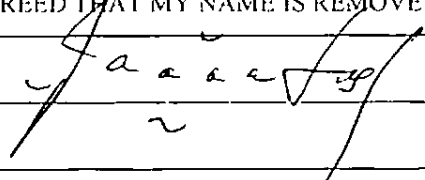
ONLY MARIA CAROLINA PARELES / MGR HAS GENERATED INCOME THRU THIS LLC AND

HAS ALWAYS FUNTIONED SINCE IT WAS INTRODUCED ON 05/04/2022, AS A SOLE MEMBER

AND DISREGARDED ENTITY

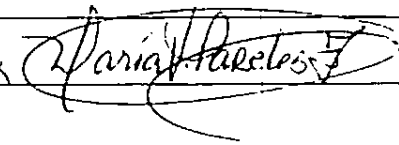
I, CARLOS JOEL CAMPOS / AMBR. CONSENT OF ABOVE STATEMENT

AND AGREED THAT MY NAME IS REMOVED FROM THIS LLC

x 

I, MARIA VERONICA PARELES ZANOTTI / AMBR. CONSENT OF ABOVE STATEMENT

AND AGREED THAT MY NAME IS REMOVED FROM THIS LLC

x 

E. Effective date, if other than the date of filing: 03/09/2024 (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 03/09/2024 12:01 AM

x 

Signature of a member or authorized representative of a member

MARIA CAROLINA PARELES / MGR

Typed or printed name of signee