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To:

Division of Corporations

Fax Number : (850)617-6383

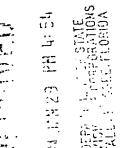
From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0040 Fax Number : (407)520-5473

\*\*Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FERIA CAMPESINA LG LLC



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## **COVER LETTER**

TO:	Registration Sec Division of Corp			·	
C150 104		APESINA LG LLC			
SUBJE	C1:	Name of Limited Liability Company			
The enc	losed Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please re	etuni ali correspor	ndence concerning this matter t	o the following:		
		LEIDYS GONZALEZ			
		Name of Person			
		FERIA CAMPESINA LG I			
		W-14-12-14-14-14-14-14-14-14-14-14-14-14-14-14-	FirmyCompany		
10602 DEMILIO PL APT			301		
Address				<del> </del>	
		ORLANDO FL 32836			
			City/State and Zip Code	angangan kaca sara 1 kanagan ka <del>lapan</del> 191 kwa	
		natygonzalez2007@hotmail. E-mail address: (t	com  o be used for finite annual report notific	stion)	
For furt	her information co	oncerning this matter, please ca	D:		
LEIDY	S GONZALEZ		786 8221808		
	Name of	Person	at ()	Telephone Number	
Enclose	ed is a check for th	ne following amount:			
■ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Contificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address		Street Address: Registration Sect	ion	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FERIA CAMPESINA LG LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Sability Company)
The Articles of Organization for this Limited Liability Company Florida document number L22090243279  This amendment is submitted to amend the following:	were filed on 05/25/2022 and assigned
A. If amending name, enter the new name of the limited liab	ility company here:
THE MOBILE CONNETC LLC	
The new name must be distinguishable and contain the words "Limited Liubi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10602 DEMILIO PL APT 301
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32836
Enter new mailing address, if applicable:	10602 DEMILIO PL APT 301
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL 32836
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	S 202
New Registered Office Address:	Enter Florida street address 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	City 2 ip fode M
New Registered Agent's Signature, if changing Registered Agent:	F S F
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Cha	nging Registered Agent, Signature of New Registered Agent

\_\_\_\_\_ □Change

## 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>	Name	Address	Type of Action
AMBR	SOLMAIRA DEL VALLE CAMPO	9415 FONTAINEBLEAU BLVD APT 206	_ 🗏 Add
		MIAMI FL 33172	©Remove
			Change
AMBR	LEIDYS GONZALEZ	AV 39 C/CALLE 159, MUNICIPIO SAN FRANCISO	D □Add
		MARACAIBO, ZL 4004 VE	_ I□Remove
			_ 🖩 Change
			_ 🗀 Add
			_ 🗆 Remove
			_ DChange
			_ □Add
			_ 🗆 Remove
			_ 🗆 Add
			_ DRemove
			_ ©Change
			_ 🗆 Add
			_ □Remove

. If amending any other informs	ation, enter change(s) h	nere: (Attach add	litional sheets, if nec	essary.)
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Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this hadocument's effective date on the I	ist be specific and cannot be p dock does not meet the app	rior to date of filing ( plicable statutory (	or more than 90 days after	onal) filing.) Pursuant to 605.0207 (3 s date will not be listed as th
he record specifies a delayed effecti ord is filed.	ve date, but not an effectiv	re time, at 12:01 a.	m, on the earlier of: (b	The 90th day after the
Dated	2024	·		
	Lei dy 5 Signature of a member or a	Gonzale.	2	
	-	uinorized representa	uve of a member	
le	idys Gonz	alez		