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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NEW LLC NAME, MEMBER ADDITIONS AND NEW EMAIL ADDRESS**

\_\_\_\_\_  
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:

GERALDINE CELIS

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

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

10440 NW 74 STREET

\_\_\_\_\_  
Address

DORAL FLORIDA 33178

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

C3COMPASS@GMAIL.COM

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

For further information concerning this matter, please call:

GERALDINE CELIS

786

720-3498

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

**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	Maria Valentina Camargo	1381 NW 18TH DR APT 301,	<input checked="" type="checkbox"/> Add
		POMPANO BEACH FLORIDA 33069	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Geraldine Celis	10440 NW 74 STREET UNIT 304	<input checked="" type="checkbox"/> Add
		DORAL FLORIDA 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<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.)**

NEW EMAIL: C3COMPASS@GMAIL.COM

ADD EIN NUMBER: 99-2299577

**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.

Dated NOVEMBER 4TH 2024

*Geraldine*

Signature of a member or authorized representative of a member

GERALDINE CELIS

Typed or printed name of signee

**Filing Fee: \$25.00**