

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

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

Email Address: customer@abkcorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

22T LLC

Certificate of Status	0
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10/29/2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 22T 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:

STEPHANIE CASTRO
Name of Person

ACCOUNT BOOKKEEPING CORP
Firm/Company

5301 CONROY RD, STE 140
Address

ORLANDO, FL, 32811
City/State and Zip Code

CUSTOMER@ABKCORP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE CASTRO at (407) 898-1757
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

201 LLC

(Name of the Limited Liability Company, which may appear as a set records,
(A Florida Limited Liability Company))

The Articles of Organization for this Limited Liability Company were filed on 10/30/2013 and assigned
Florida document number 46-3593945

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 "LLC".

Enter new principal offices address, if applicable:

3368 ROBERT TRENT JONES DR

(Principal office address MUST BE A STREET ADDRESS)

APT 406

ORLANDO, FL 32835

Enter new mailing address, if applicable:

3368 ROBERT TRENT JONES DR

(Mailing address MAY BE A POST OFFICE BOX)

APT 406

ORLANDO, FL 32835

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:

VALMIK SILVESTRE

New Registered Office Address:

3368 ROBERT TRENT JONES DR, APT 406

Enter Florida street address

ORLANDO

Florida 32835

City

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

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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	VALMIR SILVESTRE	3368 ROBERT TRENT JONES DR	<input checked="" type="checkbox"/> Add
		APT 406	<input type="checkbox"/> Remove
		ORLANDO, FL 32835	<input type="checkbox"/> Change
AMBR	GABRIELLE S SILVESTRE	3368 ROBERT TRENT JONES DR	<input checked="" type="checkbox"/> Add
		APT 406	<input type="checkbox"/> Remove
		ORLANDO, FL 32835	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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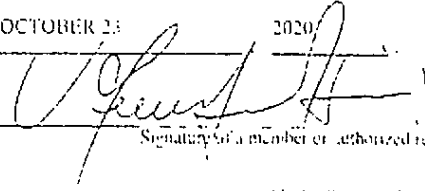
E. Effective date, if other than the date of filing: _____ (optional)

(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 60-0207 (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 OCTOBER 23 2020



Signature of a member or authorized representative of a member

VALMIR SILVESTRE

Typed or printed name of signer