

L190000128219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

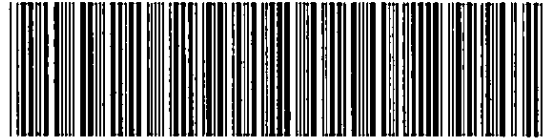
(Business Entity Name)

(Document Number)

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FILED - FEB 18 2022

FILED
2022 FEB 18 PM 2:41
CLERK OF COURT
JULIA M. BROWN

Amend/Name Change

MAR 01 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Tanya LeSage 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:

Tanya Peralta
Name of Person

Firm/Company

505 Windwalker Dr
Address

St. Augustine FL 32092
City/State and Zip Code

f1realtor.tanya@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tanya Peralta
Name of Person

at

904
Area Code

477-4166
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

2022 FEB 18 PM 2:41

FILED

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

Tanya LeSage LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 FEB 18 PM 2:11
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/13/2019 and assigned
Florida document number L19000128219.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Tanya Peralta LLC
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)

505 Windwalker Dr
St Augustine FL 32092

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

505 Windwalker Dr
St. Augustine FL 32092

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:

Tanya Peralta (newly married - last name changed)

New Registered Office Address:

505 Windwalker Dr
Enter Florida street address
St Augustine, Florida 32092
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.

Tanya Peralta
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> |
|--------------|---|-----------------------|--|
| | Tanya Peralta | 505 Windwalker Dr | <input checked="" type="checkbox"/> Add |
| | | St Augustine FL 32092 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | Tanya Peralta ^{SP} | | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | Tanya LeSage | 2308 Ravines Lakes | <input type="checkbox"/> Add |
| | previous merged name now Tanya Peralta | Middleburg, FL 32068 | <input checked="" 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"/> Remove |
| | | | <input type="checkbox"/> Change |

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

new address + ^{last} name due to recent marriage

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 2/13, 2022.



Signature of a member or authorized representative of a member

Tanya Piralta

Typed or printed name of signee