

L12000038448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

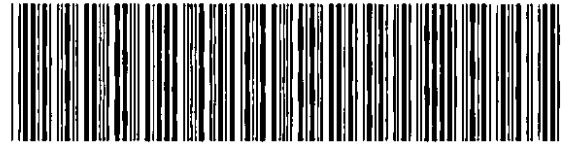
(Business Entity Name)

(Document Number)

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LLC Amend

07/12/24--01033--010 \*\*25.00

FILED  
2024 JUL 12 PM 12 49  
CLERK OF COURT  
STATE OF ARIZONA

JUL 24 2024  
A RAMSEY

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ISBUILDARTS ARCHITECTURE 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:

IRMA SEFA

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

ISBUILDARTS ARCHITECTURE LLC

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

1033 5TH AVENUE NORTH UNIT 12

\_\_\_\_\_  
Address

NAPLES, FLORIDA 34102

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

irma@isbuildarts.com

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

For further information concerning this matter, please call:

IRMA SEFA

239

298-1292

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

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

2024 JUL 12 PM 12 49

ISBUILDARTS ARCHITECTURE 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 MARCH 19TH, 2012 and assigned  
Florida document number L12000038448.

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:**

1033 5TH AVENUE NORTH, UNIT 12

**(Principal office address MUST BE A STREET ADDRESS)**

NAPLES, FLORIDA 34102

**Enter new mailing address, if applicable:**

1033 5TH AVENUE NORTH, UNIT 12

**(Mailing address MAY BE A POST OFFICE BOX)**

NAPLES, FLORIDA 34102

**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:

New Registered Office Address:

1033 5TH AVENUE NORTH, UNIT 12

Enter Florida street address

NAPLES

City

Florida 34102

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**

**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**

[illegible]

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 JULY 8TH 2024

Long Life

Signature of a member or authorized representative of a member

IRMA SEFA

Typed or printed name of signee

**Filing Fee: \$25.00**