

L14000181560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

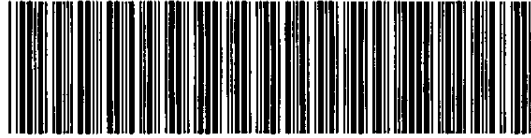
(Business Entity Name)

(Document Number)

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15 DEC -7 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC -7 2015

N. CAUSSEAU

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ISOSARK 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:

ISABEL LOURDES DURAN-VASQUEZ

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

ISOSARK LLC

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

2904 NORTH LINE DORCHESTER

\_\_\_\_\_  
Address

COOPER CITY, FL 33026

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

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

For further information concerning this matter, please call:

ISABEL LOURDES DURAN-VASQUEZ

954 224-7408  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

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

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

*Resent again 10/19/15  
Address correct*

September 22, 2015

ISABEL LOURDES DURAND-VASQUEZ  
ISOSARK LLC  
2904 NORTH LINE DORCHESTER  
COOPER CITY, FL 33026

SUBJECT: ISOSARK, LLC  
Ref. Number: L14000181560

We have received your document for ISOSARK, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 715A00019922

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

ISOSARK 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 11/24/2014 and assigned  
Florida document number L14000181560.

This amendment is submitted to amend the following:

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

N/A

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

ARACELI BEATRIZ CARRILLO-DURAND

New Registered Office Address:

2904 NORTH LINE DORCHESTER

*Enter Florida street address*

COOPER CITY

*City*

Florida 33026

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DIR	ISABEL DURAN	2904 North Lane Dorchester	<input type="checkbox"/> Add
		Cooper City, FL 33026	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Isabel Lourdes Duran-Vasquez	2904 North Lane Dorchester	<input checked="" type="checkbox"/> Add
		Cooper City, FL 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Aracelli Carrillo	2904 North Lane Dorchester	<input type="checkbox"/> Add
		Cooper City, FL 33026	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Aracelli Beatriz Carrillo-Durand	2904 North Lane Dorchester	<input checked="" type="checkbox"/> Add
		Cooper City, FL 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR		2904 North Lane Dorchester	<input checked="" type="checkbox"/> Add
		Cooper City, FL 33026	<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.)*

N/A

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** 11/10/2015 **(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 10th, 2015

Isabel Lourdes Duran - Vasquez  
Signature of a member or authorized representative of a member

Isabel Lourdes Duran-Vasquez

Typed or printed name of signee