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COVER LETTER

Division of Co	rporations	•
Ana Izqui	erdo LLC	
50b32c1	Name of Limited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	ondence concerning this matter to the following:	
	Ana R Izquierdo	
	Name of Person	
	Firm/Company	
	10105 SW 75th Place	
	Address	
	Pinecrest, FL 33156	
	City/State and Zip Code	
	ana@readbetweenthedots.com E-mail address: (to be used for future annual re	port notification)
For further information	concerning this matter, please call:	
Ana R Izquierdo	305 788-3	8810
Name o	of Person Area Code	Daytime Telephone Number (5) 282
Enclosed is a check for t	he following amount:	The Company of the Party of the
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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**

ARTICLES OF OR	RGANIZATION	7
OF		
Ana Izquierdo LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our record	<u>s.</u>)
The Articles of Organization for this Limited Liability Company w	ere filed on March 16, 2015	and assigned
Florida document number L15000047481		, <u>, ,</u> , ,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Read Between the Dots Global 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)		
Enter new mailing address, if applicable:	<u></u> .	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	iress on our records, <u>enter t</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	-	
New Registered Office Address	Enter Florida street address	
	Flo	urida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and ovided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is

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>	Type of Action
			□Add
		-	□ Remove
		 	□Change
		-	□Add
			□Remove
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department.	ck does not meet the ap	oplicable statutory f	(option of the contract	onal) filing.) Pursuant to 605.0207 (date will not be listed as t
ne record specifies a delayed The 90th day after the reco	effective date, but rd is filed.	not an effectiv	e time, at 12:01 a	.m. on the earlier of:
Dated January 25	2022			
	 ,	·		
Au				
Au	ignature of a member or	authorized represental	ive of a member	