L15000073248

•
(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusings Fable Mans)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
:

Office Use Only



500274069875

06/29/15--01005--002 **25.00

J. HARRIS

COVER LETTER

Division of Co	orporations		
SUBJECT:		nterpreters LLC	
·		nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Patricia del Carpio		
		Name of Person	
	USA Interpreters LLC		
		Firm/Company	
	4366 Carambola Circle N		
		Address	
	Coconut Creek, FL 33066		
		City/State and Zip Code	
	usainterpretersllc@gmail.co		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Patricia del Carpio		954 6847769 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:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	USA Inter	preters LLC		
· (Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited L Florida document number L15000073248	iability Company	were filed on April 2	7, 2015	_ and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liab	pility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	ility Company," the design	ation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:		4366 Carambola Cir	cle N	
(Principal office address MUST BE A STREE	ET ADDRESS)	Coconut Creek, FL 3	33066	/
				3 &
Enter new mailing address, if applicable:		4366 Carambola Cir	cle N	N 29 1
(Mailing address MAY BE A POST OFFICE	BOX)	Coconut Creek, FL 3	33066	
				5 5
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	or registered of ffice address her	ffice address on our <u>c</u> :	r records, <u>enter th</u>	e name of the ne
New Registered Office Address	4366 Carambol	la Circle N		
New Registered Office Address:		Enter Florida st	reet address	
	Coconut Creek	<u> </u>	, Florida _33066	5
		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

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>	Name	Address	Type of Action
AMBR	Sandra Fernandez	4366 Carambola Circle N	
		Coconut Creek, FL 33066	■ Remove
			Change
		<u> </u>	Add
			☐ Remove
			Change
			□ Remove
			☐ Change
			□ □ ÇĀ tid
			Remove
			paragraph.
			Gange Stange
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change

	icia del Carpio and AMBI	R Carlos del Carpio i	s:	
4366 Carambola Circle N		· · · · · ·		
Coconut Creek, FL 33066				
	- <u></u> -	<u>. </u>		
		· <u>-</u>		
	-			
			·····	
five date, if other than the ffective date is listed, the date mug. If the date inserted in this benent's effective date on the Execution of the fective date on the Execution of the fective date of the fective date.	ast be specific and cannot be plock does not meet the ap Department of State's reco	plicable statutory fili ords.	ng requirements, this	filing.) Pursuant to 605 s date will not be liste
T	201	5		
JUNE 17,		/		
JUNE 17	Patraw del	Caro		5.
_ June 17	Falran M Signature of a member or a	nuthorized representativ	e of a member	5 JUN 2

Filing Fee: \$25.00