

L150000083852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500273286785

05/26/15--01040--003 **25.00

FILED
2015 MAY 26 PM 3:45
TALLAHASSEE, FLORIDA

MAY 27 2015
J BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AGENCIA DE SEGUROS JORGE CORDOBA 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:

JORGE CORDOBA

Name of Person

AGENCIA DE SEGUROS JORGE CORDOBA LLC

Firm/Company

P.O. BOX 260325

Address

TAMPA, FL 33685

City/State and Zip Code

JORGECDORBATAMPA@MSN.COM

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

For further information concerning this matter, please call:

JORGE CORDOBA

813 777-0085
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/COURIER ADDRESS:

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

FILED
2015 MAY 26 PM 3:45
TALLAHASSEE FLORIDA

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

AGENCIA DE SEGUROS JORGE CORDOBA 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 5/12/2015 and assigned
Florida document number L15000083852.

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:

(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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ana Maria Cordoba Tabares	8707 Lindenhurst Place	<input checked="" type="checkbox"/> Add
		Tampa, FL 33634	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alba L. Gomez	6617 Madeira Avenue	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33811	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2015 MAY 20 PM 3:45
CLERK OF DISTRICT COURT
JULIA WASSERMAN

2015 MAY 26 PM 3
J. Y. FLO
ALLAHUSSEFLO

2015 MAY 26 PM 3:45
ALL INFORMATION SEE FLD000A

10

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.

Dated MAY 20th 2015

Signature of a member or authorized representative of a member

JORGE CORDOBA

Typed or printed name of signee