

L15000129441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 25 2015
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ILUSSION US 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:

NORA E RESTREPO

Name of Person

ILUSSION US LLC

Firm/Company

2574 TEQUESTA LANE

Address

COCONUT GROVE/ FL 33133

City/State and Zip Code

INFO@ALEJANDRAARANGO.COM

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

For further information concerning this matter, please call:

NORA E RESTREPO

305 333 20 41

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

**TO
ARTICLES OF ORGANIZATION
OF**

ILUSSION US 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 07/29/2015 and assigned
Florida document number L15000129441.

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	NHORA E RESTREPO	2574 TEQUESTA LANE	☐ Add
		COCONUT GROVE, FL 33133	☒ Remove
			☐ Change
AMBR	NORA E RESTREPO	2574 TEQUESTA LANE	☒ Add
		COCONUT GROVE, FL 33133	☐ Remove
			☐ Change
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2574 TEQUESTA LANE
COCONUT GROVE, FL 33133
AUG 5 PM 4:00
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15 AUG - 5 PM
1000 PM
ALLANASTEE

15 AUG -5 PM 4:02
STATION FOR
FLORIANSTEE, FLORIDA

Dated AUGUST 17, 2015

NORA E RESTREPO

Filing Fee: \$25.00