

LL6 000 139871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

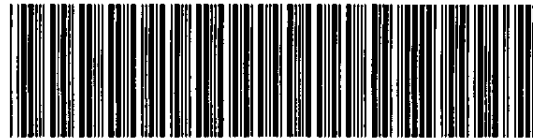
(Document Number)

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16 DEC 19 PM 3:48
DIVISION OF CORPORATE AFFAIRS

○ SIMMONS

DEC 21 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2016

ANDRES IDARRAGA
401 LAS OLAS BLVD, #130-132
FT LAUDERDALE, FL 33301

SUBJECT: ANDRES F. IDARRAGA, PLLC
Ref. Number: L16000139871

RECEIVED
2016 DEC 19 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ANDRES F. IDARRAGA, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 016A00024130

This is now signed as requested.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2016

ANDRES IDARRAGA
401 E LAS OLAS BLVD, 130-132
FT LAUDERDALE, FL 33301

SUBJECT: ANDRES F. IDARRAGA, PLLC
Ref. Number: L16000139871

RECEIVED
2016 NOV -7 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ANDRES F. IDARRAGA, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 316A00021677

Thank you, I am resubmitting w/ signature.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Andres F. Idarraga, PLLC

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:

Andres Idarraga

Name of Person

Andres F. Idarraga, PLLC

Firm/Company

401 East Las Olas Blvd. 130-132

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

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

For further information concerning this matter, please call:

Andres Idarraga

401

359-3604

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

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

Andres F. Idarraga, PLLC

(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 07/26/2016 and assigned
Florida document number L16000139871

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)

401 East Las Olas Blvd. 130-132

Fort Lauderdale, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

401 East Las Olas Blvd. 130-132

Fort Lauderdale, FL 33301

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:

401 East Las Olas Blvd. 130-132

Enter Florida street address

Fort Lauderdale

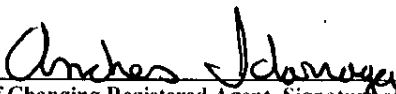
City

, Florida 33301

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.


Andres Idarraga
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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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16 DEC 16 PM 3:49
DIVISION OF REVENUE

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

16 DEC 19 PH 3:49
DIVISION OF CONSERVATION

7
R. 1001. 1001-1002
1001-1002
1001-1002
1001-1002

E. Effective date, if other than the date of filing: _____ (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 September 30, 2016

Andres Idrogu
Signature of a member

Signature of a member or authorized representative of a member

Andres Idarraga

Typed or printed name of signee