

L16000167067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

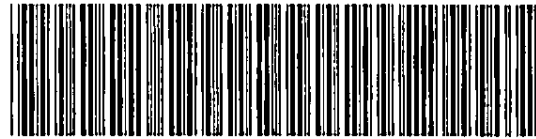
(Business Entity Name)

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18 JAN 31 AM 8:52
JAN 31 2018
FEB 01 2018

J. LEGGETT
FEB 01 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Oriana Jimenez, 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:

Oriana Guevara

Name of Person

iThrive Institute, LLC

Firm/Company

1681 Walnut Avenue

Address

Winter Park, FL 32789

City/State and Zip Code

oriana@ithriveinstitute.com

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

For further information concerning this matter, please call:

Oriana Guevara

407 256-4045
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

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>
AMBR	Oriana Guevara Jimenez		<input type="checkbox"/> Add
		8700 Black Creek Blvd, Orlando	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Oriana Guevara	1681 Walnut Ave, Winter Park, FL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

18 JAN 31 AM 8:52
FALL 1960
10200A

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

January 27, 2018

Signature of a member or authorized representative of a member

Oriana Guevara

Typed or printed name of signee