h17000006419

(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: Incorrect				

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2022 SEP 26 PH 3: 47

A. BUTLER SEP 2 8 2022

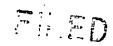
COVER LETTER

fO:

FO: Registration Sec Division of Corp			
SUBJECT: Ideatio	n Unlimited LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of /	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspor	idence concerning this matter	to the following.	
	Edith Glaza		
	•	Name of Person	
	Ideation Unlimited LL	C	
		Pirm/Company	
	2763 S San Mateo Drive		
		Address	
	North Port FL 34288		
		City/State and Zip Code	
	edithglaza@hotmail.com	i to be used for future annual report not	fication)
For further information co	oncerning this matter, please co		
Edith Glaza		at (941) 223-4887	
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e following amount:		
X! \$25.00 Filling 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:		Street Address:	etion
Registration Section		Registration Se Division of Co	
Division of Corporations P.O. Box 6327		The Centre of	
Tallahassee, FL 32314			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Ideation Unlimited LLC

company has been notified in writing of this change.

2022 SEP 26 PM 3:47 (Name of the Limited Liability Company as it now appears on our records.)

Torida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number __L17000006419 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 "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Muiling 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 _ New Registered Agent's Signature, if changing Registered Agent: Thereby 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 tiled to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	Address	Type of Action
MBR	Melanie Mason	2753 N Spaulding Ave Apt 15 Chicago IL 60647 See Attached Notarized document	□Add
			<u> Tx</u> Remove
			[] Change
-	·		□ Add
			□Remove
			\(\text{Change}
	· · · · · · · · · · · · · · ·		□Add
			Remove
			Change
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			Remove
			Change
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). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,
,
,
E. Effective date, if other than the date of filing: (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 (Section 1) Note: If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Hitherrecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the curlier of the The 90th day after the record is filed
Dated 9/19/2022 Cauth Illustra Signature of a methorized representative of a member
' Edith Glaza Typed or printed name of signee

Filing Fee: \$25.00



September 14, 2022

EDITH GLAZA 2763 SOUTH SAN MATEO DRIVE NORTH PORT, FL 37288

SUBJECT: IDEATION UNLIMITED LLC

Ref. Number: L17000006419

We have received your document for IDEATION UNLIMITED LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CERTIFICATE OF LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 522A00020413

Ideation Unlimited, LLC 2763 S San Mateo Dr North Port, FL 34288 FEI/EIN: 81:5048072

2/6/2022

AMBR Melanie Mason 2753 N Spaulding Ave, Apt 1S Chicago, IL 60647

For the sum of \$1000.00 I agree to the sale of my 10% interest in the Ideation Unlimited, LLC.

By this agreement all liability & future profits will be reverted back to the primary share holders

AMBR

AMBR

Dr. Thomas Glaza Ed.D.

Edith A Glaza

2763 S San Mateo Dr

2763 S San Mateo Dr

North Port FL 34288

North Port. FL 34288

FEI/EIN: 81:5048072

Signature of affiant	$\frac{3/7/22}{Date}$
Sworn to and subscribed before me this day o	1 /h~1,52022
SIGNATURE OF NOTARY PUBLIC, STATE OF	
SPEGORIO TUVAR	
(Print, Type, or Stamp Commissioned Name of Notary P	
(Check one)	CFFICIAL SEAL GREGORIO TOVAR NOTARY PUBLIC - STATE OF ILLINOIS
Affiant personally known to notary	MY COMMISSION EXPIRES 35/15/23
OR	
Affiant produced identification Type of Identific	ation produced