

L17000092136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

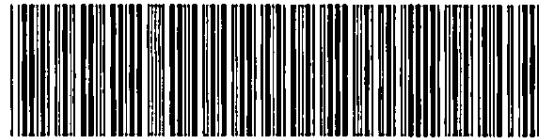
(Business Entity Name)

(Document Number)

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2017 AUG -9 P 2:41  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

PRICE  
AUG 10 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ~~3623~~ Language Solutions of Northwest Florida, 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:

Erica D. Ortiz and Jenny Patricia Scott

Name of Person

Firm/Company

5666 Sandstone Drive

Address

Pace, FL 32571

City/State and Zip Code

languagesolutionsnwflorida@gmail.com

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

For further information concerning this matter, please call:

Erica Ortiz or Jenny Scott

619

5406995

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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2017 AUG -9 P 2:11  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

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

LANGUAGE SOLUTIONS OF NORTHWEST FLORIDA, 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 25 APRIL 2017 and assigned  
Florida document number L17000092136.

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)

5666 Sandstone Drive

Pace, FL 32571

**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	Jenny Patricia Scott	5797 Pescara Drive	<input type="checkbox"/> Add
		Pace, FL 32571	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Erica De La Torre Ortiz	5666 Sandstone Drive	<input type="checkbox"/> Add
		Pace, FL 32571	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

The amendment being requested is simply a correction. The names of the managers in our initial document were mixed. The last names seem to have been misplaced along with the middle initials on the documents we received.

Any questions please contact us at the LLC's contact information if you have any questions. SEE

ATTACHED ARTICLES OF ORGANIZATION ARTICLE V  
Highlighted SECTION.

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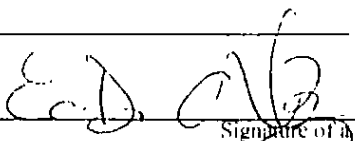
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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 12 July 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Erica D. Ortiz and Jenny P. Scott

\_\_\_\_\_  
Typed or printed name of signee