

L17000246283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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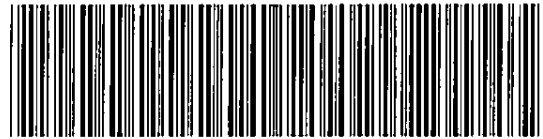
(Business Entity Name)

(Document Number)

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2024 DEC -3 PM 6:15

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S. PRATHER



LAW OFFICES of MARK H. RUFF, P.A.

165 Sabal Palm Drive, Suite 135, Longwood, FL 32779
Phone: 407.951.6679 | Fax: 407.951.6678

Mark H. Ruff, Esquire
mark@mhrlaw.com

Leslie Thomas, Esquire
leslie@mhrlaw.com

November 27, 2024

Via USPS Priority Mail

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Amendment
St Teresa Enterprises LLC
Doc No. L17000246283

Dear Sir or Madam,

Enclosed herewith for processing, please find the following:

1. Cover Letter,
2. Articles of Amendment to the Articles of Incorporation of St Teresa Enterprises LLC (Doc No. L17000246283), and
3. Check No. 5177, totaling \$25.00 to cover the filing fee.

Please contact me with any questions or concerns regarding the aforementioned items.

Respectfully submitted,

A handwritten signature in cursive script that reads 'Lillian Garcia'.

Lillian Garcia,

On behalf of Mark H. Ruff, Esq.

/lg

cc: Beecher C. Lewis
Fernando Cruz

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ST TERESA ENTERPRISES 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:

MARK H. RUFF, ESQ.

Name of Person

THE LAW OFFICES OF MARK H. RUFF, P.A.

Firm/Company

165 SABAL PALM DRIVE, SUITE 135

Address

LONGWOOD, FLORIDA 32779

City/State and Zip Code

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

For further information concerning this matter, please call:

MARK H. RUFF

407

951-6679

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

ST TERESA ENTERPRISES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2024 OCT -3 PM 1:14

The Articles of Organization for this Limited Liability Company were filed on 12/01/2017 and assigned
Florida document number L17000246283.

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:

130 Strattonwood Place,

(Principal office address MUST BE A STREET ADDRESS)

Crawfordville, FL 32327

Enter new mailing address, if applicable:

130 Strattonwood Place

(Mailing address MAY BE A POST OFFICE BOX)

Crawfordville, FL 32327

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:

Fernando Cruz

New Registered Office Address:

130 Strattonwood Place

Enter Florida street address

Crawfordville

Florida 32327

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 | Beccher C. Lewis | 2111 Miller Landing Rd | <input type="checkbox"/> Add |
| | | Tallahassee, FL 32312 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Fernando Cruz | 130 Strattonwood Place | <input checked="" type="checkbox"/> Add |
| | | Crawfordville, FL 32327 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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[illegible]

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.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00