

L18000220944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

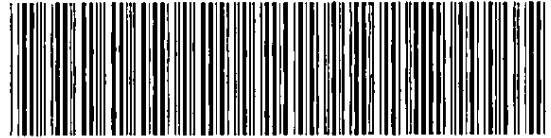
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2023 AUG 18 PM 1:37

SECRETARY OF STATE
MILWAUKEE, WI

Amend/Name Change

AUG 18 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERPRETER AND TRANSLATION SERV 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:

Giuliana A Jimenez

Name of Person

I&T Serv. LLC

Firm/Company

850 NW Federal Highway, Suite #111

Address

Stuart, FL 34994

City/State and Zip Code

iandt.serv@gmail.com

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

For further information concerning this matter, please call:

GIULIANA JIMENEZ

at (772) 201-3578

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

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2023 AUG 18 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2023

GIULIANA JIMENEZ
850 NW FEDERAL HIGHWAY
STE 111
STUART, FL 34994

SUBJECT: INTERPRETER AND TRANSLATION SERV LLC
Ref. Number: L18000220944

We have received your document for INTERPRETER AND TRANSLATION SERV LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6052.

Octavia L Simmons
Supervisor

Letter Number: 623A00017270

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

INTERPRETER AND TRANSLATION SERV LLC

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

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2023 AUG 18 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 09/17/2018 and assigned
Florida document number L18000220944.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

I&T Serv, LLC

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) _____

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:

Steven A Rojas Quispe

New Registered Office Address:

850 NW Federal Highway, Suite #111

Enter Florida street address

Stuart

City

Florida 34994

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>
AMBR	GIULIANA A JIMENEZ	850 NW Federal Highway	<input type="checkbox"/> Add
		Suite #111	<input type="checkbox"/> Remove
		Stuart, FL 34994	<input checked="" type="checkbox"/> Change
AMBR	Steven A Rojas Quispe	2551 NE 184th Terrace	<input checked="" type="checkbox"/> Add
		North Miami Beach, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

(1) AMENDING AUTHORIZED PERSON TO MANAGE.

GIULIANA A JIMENEZ, FROM PRESIDENT CHANGE TO: Authorized Member

(2) ADD A NEW OWNER. STEVEN A ROJAS, ALSO as Authorized Member

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 May 29th

2023


Signature of a member or authorized representative of a member

GIULIANA A JIMENEZ

Typed or printed name of signee

Filing Fee: \$25.00