

U8000249514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

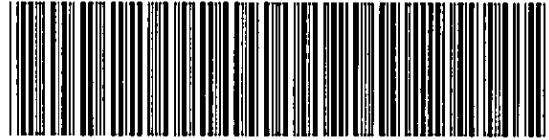
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

Gisel Valdivia, P.A. LLC

SUBJECT: _____
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:

Gisel Valdivia

Name of Person

Firm/Company

5505 NW 7th Street #W-111

Address

Miami, FL 33126

City/State and Zip Code

giselvaldiviapalle@gmail.com

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

For further information concerning this matter, please call:

Gisel Valdivia

305 434-6492

Name of Person at (_____) _____
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

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 DIVISION OF CORPORATIONS
 19 NOV 13 PM 3:42

November 7, 2018

Gisel Valdivia
5505 Nw 7th Street
Apt W 111
Miami, FL 33126

Re: Florida Real Estate Commission
Application Number: 5202889, Profession 2501

Dear Gisel Valdivia:

Thank you for being one of our valued licensees. We appreciate the opportunity to assist you in this matter.

We received your request which we are unable to complete for the following reason(s):

Due to lack of proper registration with the Florida Department of State, Division of Corporations, your application has been deferred. To use the PA/LLC designation in the real estate profession as an individual, you must register your legal first and last name with one of the following suffixes: PA, LLC, PL, or PLLC. Your middle name or initial is optional. Once you have updated the registration at www.sunbiz.org, resubmit your request. You may also contact them by phone at 850.245.6000. Nicknames, abbreviations, or any other name that is not your legal name is not acceptable nor should your name be registered as a fictitious name.

Note: You must register your legal first and last name with only one of the following suffixes: PA, LLC, PL, or PLLC.

Please do not reply to this email. To submit the requested documentation use one of the following options:

Option one for online applicants:

If you submitted your application using our online services you can submit the requested information through your online account. Please log onto your account at <http://www.myfloridalicense.com>, once logged in take the following steps:

1. Select "Application Status Inquiry" from the **Functions** menu on the left hand side of the main account screen
2. Locate the application you are submitting information for and select "Attach" on under **Attachments**
3. Use the "Browse" button to locate the file you need to upload from your computer
 - a. Once you have selected the file select **Attach**

- i. You can attach multiple files if needed
- b. Once all files have been attached select **Save**

An email will be sent to you confirming that the attachments have been uploaded to your application.

Option two for all applicants:

The department has examined your application and determined that your application is incomplete at this time. If you do not provide the information or documents requested in this letter, your application will remain in an incomplete status until it expires. You must provide a response to this notification for the department to take any further action on your application. If you would like to check the status of your application or have any questions, please visit our website at www.myfloridalicense.com. You may also contact the Department at www.myfloridalicense.com/contactus or by calling 850.487.1395. If you submitted your application by mail or you are unable to submit the required documentation electronically you may either fax a copy of this letter along with your documents to 850.488.8040 or mail a copy of this letter and your documents to:

DBPR-Central Intake
2601 Blair Stone Road
Tallahassee, FL 32399-0783

Thank you in advance for your cooperation.

LA

The information contained in this message is confidential. If you are not the intended recipient, please: (i) delete the message and all copies; (ii) do not disclose, distribute or use the message in any manner; and (iii) notify the sender immediately. If you choose to contact this office by email or provide information in an interactive form on our site, such information, unless otherwise exempted by Florida law, is a public record and must be made available for public inspection upon request.

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

FILED
18 NOV 13 PM 3:42
CLERK OF DISTRICT COURT
STATE OF FLORIDA

Gisel Valdivia, P.A. 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 October 24th, 2018 and assigned Florida document number 1.18000249514.

This amendment is submitted to amend the following:

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

Gisel Valdivia, 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)

Gisel Valdivia

5505 NW 7th Street Apt-W111

Miami, FL 33126

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

Miami _____, Florida _____
City 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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