

L200000 24629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

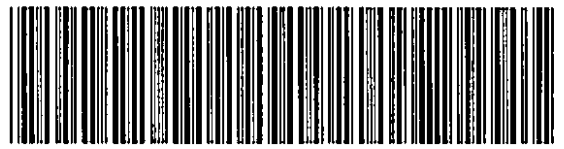
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Signature

Office Use Only



200342296152

03/27/20--01007--022 **25.00

FILED
JULY 17 2020
20 APR 27 PM 3:48
STATE OF CONNECTICUT

Name Change

MAY 07 2020
D CUSHING

CPA Business Accounting & Consulting LLC
7300 Sand Lake Commons Ste 317
Orlando, FL 32819
rickecpa@bellsouth.net
Phone: 407-203-0918
Fax: 407-392-4661

March 24 2020

Amendment of
JUAN CALIX INSURANCE AGENCY LLC
Document Number L20000024629
FEI/EIN Number 84-4505798
Date Filed 01/17/2020

Dear Sir/Madam,

As per the Florida Department of Financial Services requirements, I hereby request that the name of JUAN CALIX INSURANCE AGENCY LLC be changed to

JUAN FERNANDEZ-CALIX AGENCY LLC.

A check in the amount of \$25 and the Amendment form are attached.

Should there be any questions or concerns, please contact me at 407-203-0918.

Thank you for your attention to the foregoing.

Best regards,

Robyn Weinbaum, EA

Robyn Weinbaum, Enrolled Agent
For Richard English, CPA

REC'D
FLORIDA DEPARTMENT OF
FINANCIAL SERVICES
20 APR 27 PM 3:48

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JUAN CALIX INSURANCE AGENCY LLC
Name of Limited Liability Company

2023 JUN 27 12:25

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN CALIX

Name of Person

Firm/Company

2353 SHEILA DRIVE

Address

APOPKA FL 32712

City/State and Zip Code

RICKECPA@BELLSOUTH.NET

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

For further information concerning this matter, please call:

RICHARD ENGLISH

407

203-0918

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 Address:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2020

ROBYN WEINBAUM, EA
CPA BUSINESS ACCOUNTING & CONSULTING LLC
7300 SAN LAKE COMMONS, STE 317
ORLANDO, FL 32819

SUBJECT: JUAN CALIX INSURANCE AGENCY LLC
Ref. Number: L20000024629

We have received your document for JUAN CALIX INSURANCE AGENCY 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 document must be signed by a member or an authorized representative of a member.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 420A00007647

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

FILED
20 APR 27 PM 3:48
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

JUAN CALIX INSURANCE AGENCY 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 1/17/2020 and assigned Florida document number L20000024629.

This amendment is submitted to amend the following:

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

JUAN FERNANDEZ-CALIX AGENCY 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:

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>
<u>MGR</u>	<u>Juan Calix</u>	<u>2353 Sheila Dr. Apopka FL 32718</u>	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

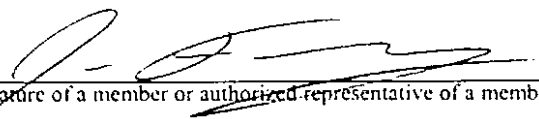
E. Effective date, if other than the date of filing: _____ (optional)

(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 4/21, 2020.



Signature of a member or authorized representative of a member

JUAN CALIX MGR

Typed or printed name of signee