

L200000 24629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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

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

*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

FILED  
CLERK OF STATE  
OFFICE OF DIVISION  
20 MAR 27 PM 3:48

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JUAN CALIX INSURANCE AGENCY LLC

2023 JAN 27 PM 12:25

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:

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**

JUAN CALIX INSURANCE AGENCY LLC

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

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

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**



[illegible]

(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)

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**