

L20000 257 001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

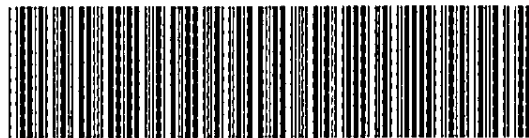
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/07/20--01013--005 **25.00

2021 OCT -1 PM 2:49
FBI - JEFFERSON

45
11/15/21

September 29, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations; Sunbiz.org

The Center of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Ref: Error on Authorized Person (s) Detail

Dear Sir or Madam,

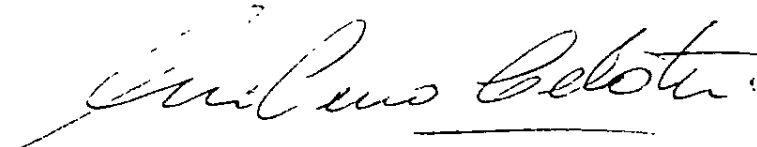
This is VILMA C. CELOTTI, owner of IT Support Services LLC.

I would like to inform you that on the **Sunbiz.org website**, Florida Limited Liability Company: under Detail by Entity Name: IT SUPPORT SERVICES LLC, (later amended to) **IT SUPPORT & TRAINING SERVICES LLC** there is an ERROR on the section: **Authorized Person(s)Detail**. It says NONE, when it should say CELOTTI VILMA C.

Due to this mistake I have been unable to open a Bank Account. I would like to request a correction to be made as soon as possible.

I am attaching to the present letter: cover letter, Articles of Amendment and personal check.

Sincerely,



Vilma C. Celotti

786-357-4335

RECEIVED
OCT 1 11:00 AM
2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IT SUPPORT SERVICES LLC / Amended to: IT SUPPORT & TRAINING SERVICES 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:

CELOTTI VILMA C.

Name of Person

Firm/Company

8484 SW 181 TERRACE

Address

MIAMI, FL 33157

City/State and Zip Code

VILMACELOTTI@HOTMAIL.COM

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

For further information concerning this matter, please call:

VILMA CELOTTI

786 357-4335

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**

IT SUPPORT SERVICES LLC // (Amended to): IT SUPPORT & TRAINING SERVICES 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 8/20/2020 and assigned
Florida document number L 20000257001.

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:

(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]

1951

(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.

Per P. Belote
Signature of a member or authorized representative of a member

Typed or printed name of signee