

L20000320457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

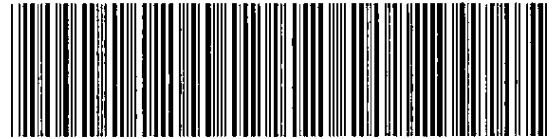
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FILED
2024 SEP -4 PM 3:35
FBI/DOJ

Name Change Request

8/21/2024

Lucina Navarrete
6505 W Knights Griffin Rd
Plant City, FL 33565
(813)317-4155

To whom it May concern:

Please update the current name on my business to reflect my new legal name. My name is currently on file as follow:

Former Name: Lucina Marquez Romero

Please change your records to reflect my new name as follow:

New Name: Lucina Navarrete

I authorize you to change my legal name according to the above references and I have enclosed a copy of my certificate of naturalization to verify name change.

Please contact me if you have any questions or if there are any additional forms I need to complete.

Sincerely,

Lucina Navarrete

No. 45078960

CERTIFICATE OF NATURALIZATION

Personal description of holder
as of date of naturalization:

Date of birth: SEPTEMBER 28, 1969

Sex: FEMALE

Height: 5 feet 01 inches

Marital status: MARRIED

Country of former nationality:
MEXICO

U.S. Registration No: A214 562 942

I certify that the description given is true, and that the photograph affixed
hereto is a likeness of me.

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of
Homeland Security:

at: TAMPA, FLORIDA :

The Secretary having found that:

LUCINA NAVARRETE

residing at:

PLANT CITY, FLORIDA

having complied in all respects with all of the applicable provisions of the
naturalization laws of the United States, being entitled to be admitted as
a citizen of the United States, and having taken the oath of allegiance at a
ceremony conducted by

U.S. CITIZENSHIP AND IMMIGRATION SERVICES

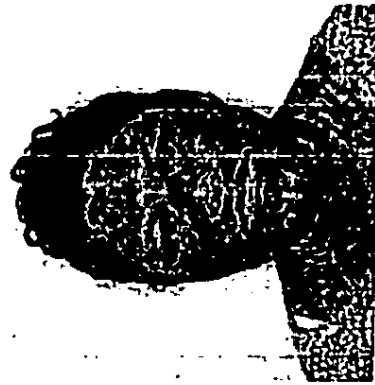
at: TAMPA, FLORIDA

on: DECEMBER 05, 2023

such person is admitted as a citizen of the United States of America.

U. S. Citizenship and Immigration Services

ALTERATION OR USE OF THIS DOCUMENT IS
A FEDERAL OFFENSE AND PUNISHABLE BY LAW



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAVCO 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:

Lucina Navarete
Name of Person
NAVCO LLC
Firm/Company
6505 W. Knights Griffin Road
Address
Plant City, FL 33565
City/State and Zip Code
navcofl@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucina Navarete at (813) 317-4155
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED
2024 SEP -4 PM 3:35

(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 _____ and assigned
Florida document number _____.

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 "LLC."

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:

Lucina Navarrete

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

Dated _____, _____.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00