

L2C 00C 342710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

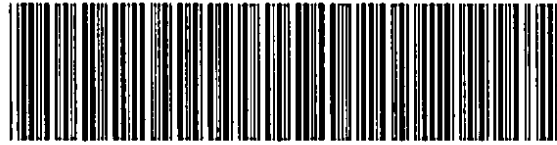
(Document Number)

Certified Copies _____

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FILED
2021 FEB -3 PM 1:12
CLERK OF COURT
STATE
OF FLORIDA
CL

O SIMMONS

FEB 03 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2021

LIZA ORTIZ
9247 ROYAL ESTATES BLVD
ORLANDO, FL 32836

SUBJECT: TEENCONNEXT, LLC
Ref. Number: L20000342710

We have received your document for TEENCONNEXT, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L19000226491.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 121A00001834

Hello,

Thank You, Information has been revised on the enclosed documents. Sincerely,

LIZA ORTIZ

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEENCONNECT, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

LIZA ORTIZ

Name of Person

Firm/Company

9247 ROYAL ESTATES BLVD

Address

ORLANDO, FL 32836

City/State and Zip Code

LIZA@ORTIZANDCO.COM

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

For further information concerning this matter, please call:

LIZA ORTIZ

702 782-7058
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**

TEENCONNECT, LLC

2021 FEB 23 PM 1:12

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

STATE
October 28, 2020 FL

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number 120000342710.

This amendment is submitted to amend the following:

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

ORTIZ EVENTS & COMPANY, 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

ED

2021 FEB 23 PM 1:12

Type of Action

SECRET

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

LED

2021 FEB 3 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FL

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 JANUARY 01, 2021

Signature of a member or authorized representative of a member

LIZA ORTIZ

Typed or printed name of signer

Filing Fee: \$25.00