

L21000046624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

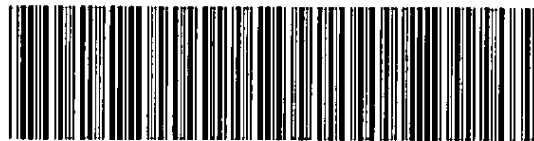
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2022 JUN -7 AM 6:14
Filing Office
JUN 10 2021

O SIMMONS
JUN 10 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2021

I SELA SOTOLONGO
2 GROVE ISLES DR
APT 1805
MIAMI, FL 33133

SUBJECT: I SELA SOTOLONGO, LLC
Ref. Number: L21000046624

We have received your document for I SELA SOTOLONGO, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

We are enclosing the proper form(s) with instructions for your convenience.

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: 921A00008855

RECEIVED
2021 JUN -7 PM 3:11
OFFICE OF THE
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Isela Sotolongo, 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:

Isela Sotolongo
Name of Person

Isela Sotolongo, LLC
Firm/Company

2 Grove Isle Dr apt 1805
Address

Mia, FL 33133
City/State and Zip Code

Isela.Sotolongo@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isela Sotolongo at (305) 799-8182
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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**

2022 JUN -7 AM 8:15

Isela Sotolongo, LLC

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

JAN 25, 2021

The Articles of Organization for this Limited Liability Company were filed on DEC 18, 2007 and assigned Florida document number L21000046024.

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:

SAME

New Registered Office Address:

Isela Sotolongo

2 Lowe Isle Dr apt 1805

Enter Florida street address

mia

City

Florida

33133

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

MGR = Manager
AMBR = Authorized Member

2022 JUN -7 AM 6:15

MRS Isela Sotolongo 2 Grove Isle Drive Apt 1805
MGR

☐ Remove

mla, fl 33133 ☐ Change

me Ronald Canizares 2 Grove Isle Dr Apt 1805

☐ Remove

mia R 33133 ☐ Change

☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

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

2022 JUN -7 AM 6:15

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

6/1/2021

Signature of a member or authorized representative of a member

Isela Sotolongo

Typed or printed name of signee