

L21000075260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

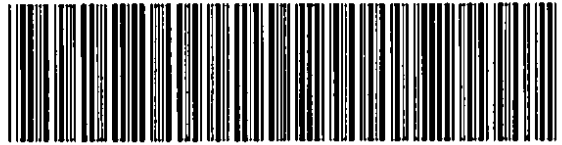
(Business Entity Name)

(Document Number)

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2021 10 14

12/12/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 MAY 17 PM 2:05

FILED

April 29, 2021

ILIANA LOPEZ
2055 SOUTHWEST 122ND AVE.
MIAMI, FL 33175

SUBJECT: ILM SPECIAL EDUCATION SERVICES L.L.C.
Ref. Number: L21000075260

We have received your document for ILM SPECIAL EDUCATION SERVICES L.L.C. 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 registered agent must sign accepting the designation.

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.

Alecia Rivers
Regulatory Specialist II

Letter Number: 721A00008895

4/29/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ILM Special Education Services L.L.C
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:

Iliana Lopez
Name of Person

ILM Special Education Services L.L.C
Firm/Company

2055 South West 122nd Avenue.
Address

Miami, Florida 33175
City/State and Zip Code

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

For further information concerning this matter, please call:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ILM Special Education Services L.L.C.

(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 2-12-2021 and assigned Florida document number L21000075266.

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:

Iliana Lopez

New Registered Office Address:

Enter Florida street address

City, **Florida**

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

AMBR = Authorized Member

PRES Iliana Lopez Mojeron ☐ Add
☒ Remove
☒ Change

MGR Iliana Lopez X Add

[Remove](#)

_____ ☐ Change

☐ Add

[Remove](#)

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[Remove](#)

_____ ☐ Change

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

Need to change title from president to manager

Need to change Registered agent name from "Iliana Lopez Mojeron" to "Iliana Lopez"

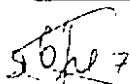
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 March 3, 2021.



Signature of a member or authorized representative of a member

Iliana Lopez.

Typed or printed name of signee