

121000287362

(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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OCT 07 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2021

MARIA MORETA
7901 4TH STREET N. STE 300
ST. PETERSBURG, FL 33702

SUBJECT: IGNITE FINANCIAL SOLUTIONS LLC
Ref. Number: L21000287362

We have received your document for IGNITE FINANCIAL SOLUTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 121A00023097

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ignite Financial Solutions 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:

Maria Moreta

Name of Person

Ignite Financial Solutions LLC.

Firm/Company

7901 4th Street N. ste300

Address

St. Petersburg, Florida 33702

City/State and Zip Code

mendi258@ignitefinancialsolutions.com

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

For further information concerning this matter, please call:

Maria Moreta

813 860-2445
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 St., Tallahassee, FL 32309

SECRET
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Maria Moreta	7901 4th Street N. ste 300, St. Petersburg, FL 33702	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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CLERK OF COURT

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

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SECRETARY OF STATE
TALLAHASSEE FL

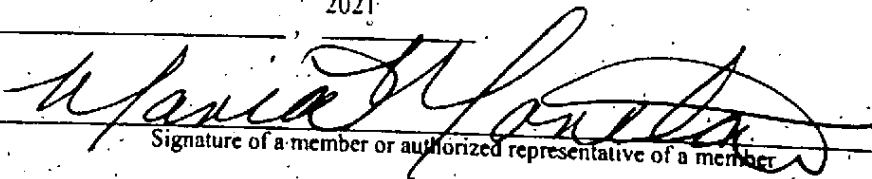
E. Effective date, if other than the date of filing: _____ (optional)

(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 August 31, 2021



Signature of a member or authorized representative of a member

MARIA MORETA

Typed or printed name of signee