

121000385600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

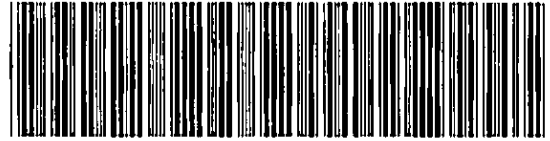
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/27/21--01030--004 **35.00

2021 OCT 18 PM 12:02

12:02

Amend

OCT 24 2021
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INSURANCE with Belkys
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:

Belkys Torriente
Name of Person

INSURANCE with Belkys
Firm/Company

2320 NE 37th TERRACE
Address

Homestead, FL 33033
City/State and Zip Code

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

For further information concerning this matter, please call:

Belkys Torriente at 305 202-0934
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)

Already
Paid (you have
check)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT 13 PM 1:42

October 5, 2021

BELKYS TORRIENTE
2320 ME 37TH TER
HOMESTEAD, FL 33033

SUBJECT: INSURANCE WITH BELKYS LLC
Ref. Number: L21000385600

We have received your document for INSURANCE WITH BELKYS 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):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.


Irene Albritton
Regulatory Specialist III

Letter Number: 121A00024169

Thank you for helping me!

11

☺

God Bless


Hopefully did
it Right this
time

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

INSURANCE with Belkys

(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 10/13/21 and assigned Florida document number 121A 000 24169

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)

Same

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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:

Belkys Torriente

New Registered Office Address:

Same

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

AMBR Belkys Torriente 2320 NE 37 Ter Ad

_____ ☐ Change

_____ ☐ Add

[Remove this item](#)

_____ ☐ Change

_____ ☐ Add

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_____ ☐ Change

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[Remove](#)

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_____ ☐ Change

☐ Add

[Remove](#)

_____ ☐ Change

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

Just Adding MYSELF as an
Authorized user.

E. Effective date, if other than the date of filing: 10/13/21 (optional)

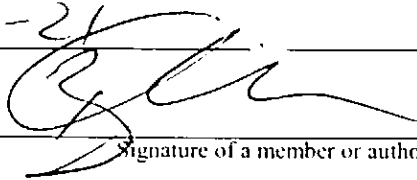
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

10-13-21



Signature of a member or authorized representative of a member

BEIKYS TORRIENTE

Typed or printed name of signee