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COVER LETTER

SUBJECT:	ClaudiaCF	Bilingual SLP, LLC			
0000201.		Name of Limi	ited Liability Company		
The enclosed	Articles of Ar	mendment and fee(s) are sub-	mitted for filing.		
Please return a	all correspond	lence concerning this matter	to the following:		
		Claudia Cruz-Fuller			
			Name of Person		
			Firm/Company		
		7942 Shaddock Pi			
			Address	•	
		Land O'Lakes, FL 34637	7		
			City/State and Zip Code		
		claudia.cruz.fuller@gmail.			
		E-mail address: (t	to be used for future annual	report notification	on)
For further inf	ormation con	cerning this matter, please ca	all:		
Claudia C	ruz-Fuller		at ()	645-9390	
	Name of P	erson	Area Code	Daytime Tel	ephone Number
1		following amount:			
18 \$25.00 Fi	ling Fee	S \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations

TO:

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

FILED

2021 OCT 12 PM 4: 09

ClaudiaCF Bilingual SLP, LLC

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on _	09/20/2021	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited i	iability company h	ere:	
The new name must be distinguishable and contain the words "Limited L	iability 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	2		
Enter new mailing address, if applicable:	7942 Shadd	ock Pl	
(Mailing address MAY BE A POST OFFICE BOX)	Land O'La	kes, FL 34637	
		<u></u>	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our	records, <u>enter the na</u>	ame of the new registere
Name of New Registered Agent:		·	
New Registered Office Address:			
	Enter Flo	orida 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 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 Title Name Address Type of Action _____ Remove _____ □Change ______ □Change _____ □Add _____ □Remove _____ □ Change _____ □Remove _____ Change _____ □Add

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fan effe Note:	ve date, if other than the date of filing:
record d is file	d 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 ed.
ated_	September 30th 2021
	Marga Cz. Str
	Signature of a member or authorized epresentative of a member