

L21 000496840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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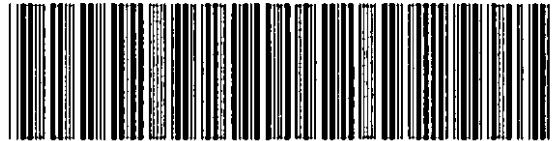
(Business Entity Name)

(Document Number)

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2022 JAN 14 PM 12:16

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C. BRUMBLEY
JAN 21 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: St Pete Cielo
Name of Limited Liability Company

RECEIVED

2022 JAN 14 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christian S Gonzalez
Name of Person

St Pete Cielo
Firm/Company

790 73rd Ave N
Address

St. Petersburg FL 33702
City/State and Zip Code

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

For further information concerning this matter, please call:

Christian S Gonzalez at (712) 577-1263
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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**

St Pete Cielo LLC

(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 11/15/21 and assigned
Florida document number 221000496340

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)

FILED
2022 JAN 14 PM 12:16

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:

Christian S Gonzalez

New Registered Office Address:

790 73rd Ave N

Enter Florida street address

St. Petersburg

City

Florida

33702

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.

Christian Gonzalez

If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	Christian Gonzalez	796 73rd Ave N	<input checked="" type="checkbox"/> Add
		St. Petersburg FL, 33702	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Josely Ramirez	796 73rd Ave N St Petersburg	<input checked="" type="checkbox"/> Add
		FL, 33702	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Odaliz Gonzalez	701 Court St.	<input type="checkbox"/> Add
		Sioux City IA 51103	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 December 14, 2021

Christian Gonzalez

Signature of a member or authorized representative of a member

Christian S Gonzalez

Typed or printed name of signee