

L21000519691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

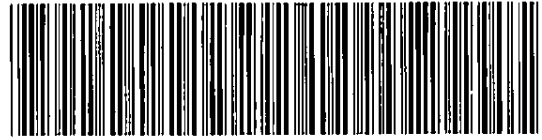
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2/24/23
V-LW

FILED
2023 FEB 22 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HORNA IMMIGRATION PARALEGAL SERVICES, 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:

CARLA HORNA UGARTE

Name of Person

HORNA IMMIGRATION PARALEGAL SERVICES, LLC

Firm/Company

1001 N FEDERAL HWY , SUITES 235-237

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

REALTOR - CARLA HORNA @HOTMAIL.COM

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

For further information concerning this matter, please call:

CARLA J HORNA UGARTE

Name of Person

at (786)

Area Code

538-2275

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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**

HORNA IMMIGRATION PARALELAL SERVICES, 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 9 DECEMBER 2021 and assigned Florida document number L21000519691.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HORNA NOTARY PUBLIC AND IMMIGRATION SERVICES, LLC

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)

1001 N FEDERAL HWY
SUITES 235-237
HALLANDALE BEACH, FL 33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1001 N FEDERAL HWY
SUITES 235-237
HALLANDALE BEACH, FL 33009

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:

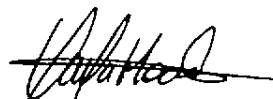
CARLA J HORNA UGORTIE

New Registered Office Address:

1350 ATLANTIC SHORES BLVD, APT 307
Enter Florida street address
HALLANDALE BEACH, Florida
City 33009
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

[illegible]

[illegible]

(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)

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 February 14th, 2023

Signature of a member or authorized representative of a member

CARLA J MORNA UGARTE
Typed or printed name of signee

Filing Fee: \$25.00

From: noreply@egov.com
Sent: Tuesday, February 14, 2023 10:21 AM
Subject:

Payment Receipt Confirmation

Your payment was successfully processed.

Transaction Summary

Description	Amount
	\$138.75
Total Amount Paid	\$138.75

Customer Information

Customer Name Carla Horna
Local Reference ID 4541890102CC
L21000519691
Receipt Date 2/14/2023
Receipt Time 10:20:58 AM EST

Payment Information

Payment Type Credit Card
Credit Card Type VISA
Credit Card Number *****8644
Order ID 34279486
Billing Name Carla J Horna Ugarte

Billing Information

Billing Address 1350 atlantic shores
blvd
Billing City, State hallandale beach, FL
ZIP/Postal Code 33009
Country US
Phone Number 7865382275
This receipt has been emailed to the
address below.
Email Address realtor_carlahorna@hotmail.com