

h22 000052067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

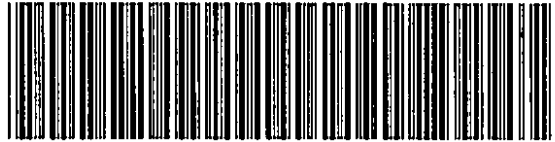
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/10/22--01011--004 **60.00

2022 AUG 10 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2022

GUSTAVO SEPULVEDA

9712 MIA CIRCLE, UNIT 2203
ORLANDO, FL 32819

SUBJECT: IO PLUS DESIGN LLC
Ref. Number: L22000052067

We have received your document for IO PLUS DESIGN LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

When changing the registered agent's address, the registered agent must sign confirming that the limited liability company has been notified about the change.

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) 245-6052.

Nadira D McClees-Sams
EXECUTIVE ASSISTANT

Letter Number: 022A00024252

FILED
2022 AUG 10 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

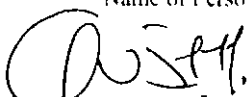
SUBJECT: IO PLUS DESIGN LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

SEPULVEDA, GUSTAVO

Name of Person



Firm/Company

9712 MIA CIRCLE, UNIT 2203

Address

ORLANDO, FLORIDA.. 32819

City/State and Zip Code

g.sjaramillo@gmail.com

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

For further information concerning this matter, please call:

SEPULVEDA, GUSTAVO

321

4462010

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 Street, Suite 810
Tallahassee, FL 32303

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

IO PLUS DESIGN 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 JANUARY 31, 2022 and signed
Florida document number L22000052067

This amendment is submitted to amend the following:

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

IO PLUS 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)

9712 MIA CIRCLE

UNIT 2203

ORLANDO, FLORIDA.. 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9712 MIA CIRCLE

UNIT 2203

ORLANDO, FLORIDA.. 32819

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:

New Registered Office Address:

9712 MIA CIRCLE, UNIT 2203

Enter Florida street address

ORLANDO

City

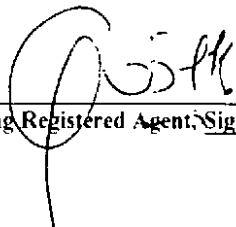
Florida

32819

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

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

AMER = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings visible.

(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.

Signature of a member or authorized representative of a member

SEPULVEDA, GUSTAVO

Typed or printed name of signee