L22000166998

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(3		,
//\	cument Number)	
(50	cament Namber)	
0.15.10.1	O 177	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		ļ

1

Office Use Only



100389875571

06/24/22--01011--001 **80.00





COVER LETTER

SUBJECT: Name of Limited Liability Company	
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:	
Ida A. Santiago	
Name of Person	
Ida Argelis Santiago, LLC	
Firm/Company	
602 Ashberry Lane	
Address	
Altamonte Springs, FL 32714	20 7
City/State and Zip Code	7022 JUH 24
IdaSantiagoConsulting@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ida Santiago 407 7220121 at ()	AH III ST
Name of Person Area Code Daytime Telephone Number	- :
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status	tatus &
Mailing Address: Registration Section Street Address: Registration Section	
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited) (A	Llability Compa Florida Limited I	ny as it now appears on Liability Company)	our records,)
The Articles of Organization for this Limited Liabs Florida document number	ility Company	were filed on April 4.	and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liab	ility company here:	
lda Argelis Santiago, LLC			
The new name must be distinguishable and contain the word	ls "Limited Liabil	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	602 Ashberry Lane	
(Principal office address MUST BE A STREET		Altamonte Springs, l	FL 32714
Enter new mailing address, if applicable:			JH 7
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi agent and/or the new registered office address b	stered office a nere:	address on our recor	ds, enter the name of the new registere
Name of New Registered Agent:	Ida Argelis San	itiago	
New Registered Office Address:	602 Ashberry L	ane	
The registered office radioss.		Enter Florida s	treet address
	Altamonte Sprii	ngs	, Florida <u>32714</u>
-		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

ARPIA CONSULTING LLC

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMGR	Ida Argelis Santiago	602 Ashberry Lane, Altamonte Springs, FL 32714	= Add
			🗆 Remove
			□Change
			□Add
			[]Remove
			□Change
			— □`vqq 5 87.
			Remove: 24
			2022 July 24 AM 11: 57
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change

			-
			_
			_
· · · · · · · · · · · · · · · · · · ·			_
<u> </u>			
			_
			_
			<u></u>
		<u> </u>	- 2
	· · · · · · · · · · · · · · · · · · ·		2022
		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	New York
			24
		SC Inc	
		The table	AH II:
			_
fective date, if other than the	date of filing: April 07, 2022	(optional)	
		or more than 90 days after filing.) Pursuant to 6 filing requirements, this date will not be li	
cument's effective date on the De			
ecord specifies a delayed effective is filed.	date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day af	ter the
June 21 ted	2022		

Filing Fee: \$25.00

Typed or printed name of signee