

h22000 173170

(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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2392 AUG -1 AM 11:35
15-12-22

AUG -2 2022

M. SOLOMON

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: 2PLJ 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:

CLAUDIA SAENZ

Name of Person

TAX SOLUTIONS & BOOKKEEPING LLC

Firm/Company

7751 KINGSPONTE PARKWAY STE 119

Address

ORLANDO, FL. 32819

City/State and Zip Code

CLAUDIA.TAXSOLUTIONS@GMAIL.COM

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

For further information concerning this matter, please call:

CLAUDIA SAENZ

407

9300829

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

2002 AUG -1 AM 11:33

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

2PLJ 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 04/11/2022 and assigned
Florida document number L22000173170.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

N/A

Enter Florida 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.

N/A

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> |
|--------------|----------------------------------|----------------------------------|--|
| AP | Juan Fernando Llano Serna | 7751 Kingspointe Parkway ste 119 | <input checked="" type="checkbox"/> Add |
| | | Orlando, FL 32819 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | EQAIS SAS | Calle 11 Sur 29-D-27 Ste 1202 | <input type="checkbox"/> Add |
| | | Medellin, CO 11112-1 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AP | Carlos Esteban Piedahita Montoya | 7751 Kingspointe Parkway ste 119 | <input type="checkbox"/> Add |
| | | Orlando, FL 32819 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |

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11.00.1

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

N/A

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E. Effective date, if other than the date of filing: _____ (optional)

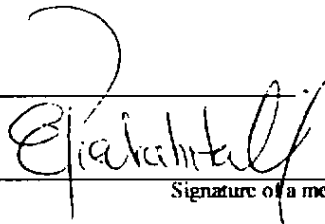
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 June 30

2022



Signature of a member or authorized representative of a member

CARLOS ESTEBAN JIMENEZ RESTREPO

Typed or printed name of signer

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2022

PATRICIA PENA
TAX SOLUTIONS AND BOOKEEPING LLC
7751 KINGSPORTE PKWY STE 119
ORLANDO, FL 32819

SUBJECT: 2PLJ LLC
Ref. Number: L22000173170

We have received your document for 2PLJ LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Document was not signed and No Address for Carlos Esteban Piedrahita

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 322A00014818

RECEIVED

AUG 01 2022