

L22000446504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

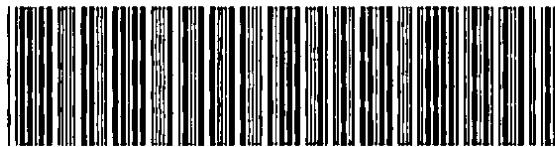
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/27/22--01024--004 --25.00

2022 OCT 27 AM 11:23

FILED

JAN 4 2023

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: RAMINA TALAVERA LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Ramina Talavera
Name of Person
Ramina Talavera LLC
Firm/Company
786 Lighthouse Cove
Address
Sanford, FL 32773
City/State and Zip Code
raminarealtor@gmail.com
E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

Ramina Talavera at (917) 710-5545
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 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**

RAMINA TALAVERA LLC

2022 OCT 27 AM 11:23

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on Oct 17th, 2022 and assigned
document number L22000446504.

This amendment is submitted to amend the following:

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

RAMINA TALAVERA LLC

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:

786 LIGHTHOUSE COVE

Principal office address MUST BE A STREET ADDRESS)

SANFORD, FL 32773

Enter new mailing address, if applicable:

786 LIGHTHOUSE COVE

Mailing address MAY BE A POST OFFICE BOX)

SANFORD, FL 32773

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:

Ramina Talavera

New Registered Office Address:

786 Lighthouse Cove

Enter Florida street address

Sanford

City

Florida 32773

Zip Code

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

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

R = Manager

BR = Authorized Member

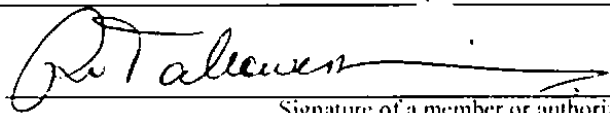
<u>e</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
R	Ramina Talavera	786 Lighthouse Cove Sanford, FL 32773	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
R	Victor Talavera	786 Lighthouse Cove Sanford, FL 32773	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Effective date, if other than the date of filing: 10/25/2022 (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 document is filed.

Dated Oct 25th, 2022.



Signature of a member or authorized representative of a member

Ramina Talavera

Typed or printed name of signee

Filing Fee: \$25.00