

L2300002538

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : IDEAS CARVAJAL LLC
Account Number : 120220000006
Phone : (321)333-5565
Fax Number : (407)565-5637

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOLUTIONS & SERVICES JGEC LLC

Certificate of Status	0
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K. SALY

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TALLAHASSEE, FLORIDA

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2024 NOV - 1 PM 12:58
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOLUTIONS & SERVICES JOEC 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:

JOSE G CASTELLANO

Name of Person

SOLUTIONS & SERVICES JOEC LLC

Firm/Company

9230 RANDALL PARK BLVD# 6122

Address

ORLANDO, FL 32832

City/State and Zip Code

SOLUCIONESJOEC@GMAIL.COM

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

For further information concerning this matter, please call:

JOSE G CASTELLANO

321 945-6609
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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SOLUTIONS & SERVICES JGEC 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 01/30/2023 and assigned
Florida document number L23000052538.

This amendment is submitted to amend the following:

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

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)

335 PRESTON COVE DR

ST. CLOUD, FL 34771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

335 PRESTON COVE DR

ST. CLOUD, FL 34771

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:

Enter Florida street address

City, Florida 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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES	JOSE G CASTELLANO	335 PRESTON COVE DR	<input type="checkbox"/> Add
		ST. CLOUD, FL 34771	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	EVELYN C MEDINA	335 PRESTON COVE DR	<input type="checkbox"/> Add
		ST. CLOUD, FL 34771	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JENSSIE C CASTELLANO	335 PRESTON COVE DR	<input type="checkbox"/> Add
		ST. CLOUD, FL 34771	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

FILED
MAR 5 20
HARRISBURG, PA
U.S. DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

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 November 1, 2024

Jose Castillano
Signature of a member or authorized

Signature of a member or authorized representative of a member

JOSE G CASTELLANO

Typed or printed name of signee

Filing Fee: \$25.00