

**L2300008S006**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H240004023673ABC

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

From: Account Name : IDEAS CARVAJAL LLC  
Account Number : I20220000006  
Phone : (321)333-5565  
Fax Number : (407)565-5637

FILED  
2024 DEC -6 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*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  
DEIKOS INTERNATIONAL LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

J. Dennis  
12/6/24

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REC. 12/06/24

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEIKOS INTERNATIONAL 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:

MARY L ARISTIZABAL ARISTIZABAL

Name of Person

DEIKOS INTERNATIONAL LLC

Firm/Company

204 EAST COLLEGE ST

Address

ATHENS, TN 37303

City/State and Zip Code

jhoannm@hotmail.com

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

For further information concerning this matter, please call:

CLAUDIA L PEREZ QUIROGA

+57

316 8751457

at ( )

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 type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

DEIKOS INTERNATIONAL LLC

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

FILED  
2024 DEC -6 PM 3:04  
SECRETARY OF STATE  
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/16/2023 and assigned  
Florida document number L23000085006.

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*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.*

\_\_\_\_\_  
**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>                      |
|--------------|--------------------------|-------------------------|--------------------------------------------|
| AMBR         | OSORIO PEREZ, JHOANN M   | 204 EAST COLLEGE STREET | <input type="checkbox"/> Add               |
|              |                          | ATHENS, TN 37303        | <input checked="" type="checkbox"/> Remove |
|              |                          |                         | <input type="checkbox"/> Change            |
| AMBR         | PEREZ QUIROGA, CLAUDIA L | 204 E COLLEGE ST        | <input checked="" type="checkbox"/> Add    |
|              |                          | ATHENS, TN 37303        | <input type="checkbox"/> Remove            |
|              |                          |                         | <input 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"/> Change            |
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|              |                          |                         | <input type="checkbox"/> Add               |
|              |                          |                         | <input type="checkbox"/> Remove            |
|              |                          |                         | <input type="checkbox"/> Change            |

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 is no text or other markings on the paper.

(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.

Claudia Perez.  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**