



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H23000417397 3)))



H230004173973ABC3

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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

**\*\*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  
MEDICAL INTERPRETING TRAINING CENTER MITC LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 07      |
| Estimated Charge      | \$25.00 |

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T. LEMIEUX  
DEC 07 2023

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MEDICAL INTERPRETING TRAINING CENTER MITC 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:

MENENDEZ, ANA M

Name of Person

MEDICAL INTERPRETING TRAINING CENTER MITC LLC

Firm/Company

804 REFLECTIONS LOOP E

Address

WINTER HAVEN, FL 33884

City/State and Zip Code

anamenendez@multilingualint.com

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

For further information concerning this matter, please call:

ANA MENENDEZ

407

2597507

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

MEDICAL INTERPRETING TRAINING CENTER MITC 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 03/02/2023 and assigned Florida document number L23000110994.

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:

13335 W COLONIAL DR

(Principal office address MUST BE A STREET ADDRESS)

WINTER GARDEN, FL 34787

Enter new mailing address, if applicable:

13335 W COLONIAL DR

(Mailing address MAY BE A POST OFFICE BOX)

WINTER GARDEN, FL 34787

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:

ALBERTO MANUEL MENENDEZ

New Registered Office Address:

13335 W COLONIAL DR

*Enter Florida street address*

WINTER GARDEN, Florida 34787

*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.*

Alberto M.  
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         | ANA M MENENDEZ     | 804 REFLECTIONS LOOP E  | <input type="checkbox"/> Add               |
|              |                    | WINTER HAVEN, FL 33884  | <input checked="" type="checkbox"/> Remove |
|              |                    |                         | <input type="checkbox"/> Change            |
| AMBR         | ALBERTO M MENENDEZ | 13335 W COLONIAL DR     | <input checked="" type="checkbox"/> Add    |
|              |                    | WINTER GARDEN, FL 34787 | <input type="checkbox"/> Remove            |
|              |                    |                         | <input type="checkbox"/> Change            |
|              |                    |                         | <input type="checkbox"/> Add               |
|              |                    |                         | <input type="checkbox"/> Remove            |
|              |                    |                         | <input type="checkbox"/> Change            |
|              |                    |                         | <input type="checkbox"/> Add               |
|              |                    |                         | <input type="checkbox"/> Remove            |
|              |                    |                         | <input type="checkbox"/> Change            |
|              |                    |                         | <input type="checkbox"/> Add               |
|              |                    |                         | <input type="checkbox"/> Remove            |
|              |                    |                         | <input type="checkbox"/> Change            |
|              |                    |                         | <input type="checkbox"/> Add               |
|              |                    |                         | <input type="checkbox"/> Remove            |
|              |                    |                         | <input type="checkbox"/> Change            |

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

[illegible]

**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 DECEMBER 06 2023

Alberto + f.

Signature of a member or authorized representative of a member

Alberto Mendonça-L

Typed or printed name of signee

**Filing Fee: \$25.00**