

L23000114436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

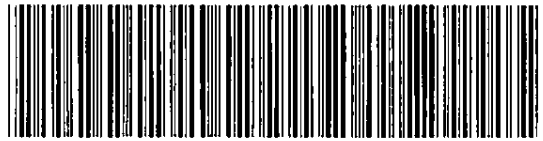
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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US
12/14/23



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2023

LAURA ALEXANDRA CANO FONSECA
12595 WINDY POINTE LOOP
APT 204
ORLANDO, FL 32824

SUBJECT: NC FAMILY PROTECTION LLC
Ref. Number: L23000114436

We have received your document for NC FAMILY PROTECTION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE OFFICERS NAME!

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott
Supervisor

Letter Number: 923A00023857

ENCLOSURE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NC FAMILY PROTECTION 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:

LAURA ALEXANDRA CANO FONSECA

Name of Person

NC FAMILY PROTECTION LLC

Firm/Company

12595 WINDY POINTE LOOP APT 204

Address

ORLANDO FL 32824

City/State and Zip Code

ncfamilyprotectioninsurance@gmail.com

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

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For further information concerning this matter, please call:

LAURA ALEXANDRA CANO FONSECA

407 867-88-59
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 &
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**

NC FAMILY PROTECTION 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 03/06/2023 and assigned
Florida document number L23000114436.

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:

7726 WINEGARD RD SUITE 1 ORLANDO FL 32809

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

12595 WINDY POINTE LOOP APT 204

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO FL 32824

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:

LAURA ALEXANDRA CANO FONSECA

New Registered Office Address:

12595 WINDY POINTE LOOP APT 204

Enter Florida street address

ORLANDO

City

Florida 32824

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>
MGR	Laura Alexandra	12595 Windy Pointe Loop Apt 204	<input checked="" type="checkbox"/> Add
	Cano Fonseca	Orlando FL 32824	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JHON STIBEN NARVAEZ	12595 Windy Pointe Loop Apt 204	<input checked="" type="checkbox"/> Add
	Quintero	Orlando FL 32824	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JHON STIBEN NARVAEZ	12595 Windy Pointe Loop Apt 204	<input checked="" type="checkbox"/> Add
	Quintero	Orlando FL 32824	<input 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"/> Remove
			<input type="checkbox"/> Change

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

OTHER PROVISIONS IF ANY: INSURANCE AND ANY BUSINESS AUTHORIZED BY LAW

EIN 93-2149307

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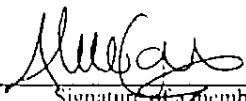
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 SEPTEMBER 12, 2023



Signature of a member or authorized representative of a member

LAURA ALEXANDRA CANO FONSECA

Typed or printed name of signee