

# L23000135894

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : IDEAS CARVAJAL LLC  
Account Number : I28220000006  
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 KESELUANTE LLC

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T. LEMIEUX

JUN 28 2024

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 JUN 27 PM 1:44

FILED

06/27/2024 THU 13:33 FAX

002/005

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KESELUANTE 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:

VALVERDE CARRILLO, LUIS G

\_\_\_\_\_  
Name of Person

KESELUANTE LLC

\_\_\_\_\_  
Firm/Company

2350 SEVEN OAKS DR

\_\_\_\_\_  
Address

SAINT CLOUD FL 34772

\_\_\_\_\_  
City/State and Zip Code

INFO@GOALBRIDGE.COM

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

For further information concerning this matter, please call:

VALVERDE CARRILLO, LUIS G

321 4421235

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 &  
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(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 32304

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2000 Capital Circle, SW  
Tallahassee, FL 32304

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KESELUANTE 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 03/16/2023 and assigned  
Florida document number L23000135894

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:

9930 MERE PKWY

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO FL 32832

Enter new mailing address, if applicable:

9930 MERE PKWY

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO FL 32832

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:

CERVANTES GONZALEZ, KARLA

New Registered Office Address:

9930 MERE PKWY

*Enter Florida street address*

ORLANDO

*City*

, Florida 32832

*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	VALVERDE CARRILLO, LUIS G	2350 SEVEN OAKS DR	<input type="checkbox"/> Add
		SAINT CLOUD FL 34772	<input checked="" type="checkbox"/> Remove
		9930 MERE PAKWY	<input type="checkbox"/> Change
AMBR	CERVANTES GONZALEZ, KARI	ORLANDO FL 32832	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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 12 months or more prior to the date of filing.)

(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 JUNE 27

2024

Signature of a member or authorized representative of a member

VALVERDE CARRILLO, LUIS G

Typed or printed name of assignee