

L23 000 180 930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

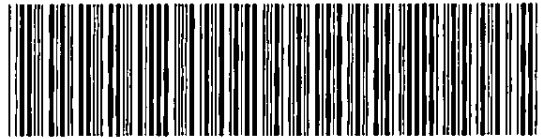
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/03/24--01027--004 **25.00

FILED
2024 DEC -3 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FL

Noviembre 25, 2024

To:

Florida Department of State

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Asunto : **Amendment**

Best

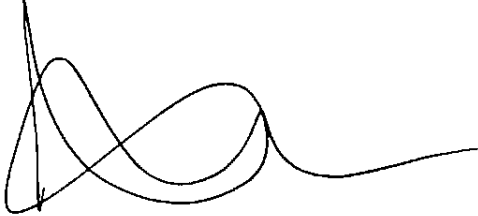
regards,

We wish to remove a Manager and a member, with the document attached to this letter, since we are a married couple and we want one to remain as Manager and the other as a member.

Please, if you want more information about this, you can contact us by email: tospreparers@gmail.com and by phone at : (941) 565- 8112.

Thank you very much

Atte,



Yamiled Cardenas Valencia

Manager

INMIGRACION USA TPS LLC

1343 Main St Suite 705

+1 941 565 8112

www.tpsinmigracionusa.com

Date.

11 / 26 / 2024

RECEIVED
FLORIDA DEPT. OF STATE
TALLAHASSEE, FL
NOV 26 9:55 AM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INMIGRACION USA TPS 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:

YAMILED CARDENAS

Name of Person

INMIGRACION USA TPS LLC

Firm/Company

1343 Main St SUITE 705

Address

SARASOTA, FL 34236

City/State and Zip Code

tpspreparers@gmail.com

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

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2024 DEC -3 PM 9:55
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

YAMILED CARDENAS

941 5658112
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**

INMIGRACION USA TPS 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 12/04/2023 and assigned
Florida document number L23000180930

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

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>
MGR	QUICENO, JUAN M	5960 36TH ST W i205 Bradenton, Florida 34210	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARDENAS, YAMILED	5960 36TH ST W i205 Bradenton, Florida 34210	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED
2024 DEC -3 PM 9:05
TALLAHASSEE, FL
SECRETARY OF STATE

2024 DEC
SECRETARY OF STATE
TALLAHASSEE, FL

2024 DEC -3 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FL

(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.

11/26/2024

Yamiled Cardenas

Typed or printed name of signee

Filing Fee: \$25.00