

L23000271454

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SOUTH FLORIDA  
TALLAHASSEE, FLORIDA

# COVER LETTER

Registration Section  
Division of Corporations

CENTELLA SOLUTIONS LLC

**SUBJECT:** \_\_\_\_\_  
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:

Julio Araujo

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

Total Corporation Services, Inc.

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

6355 NW 36TH ST Suite 407

\_\_\_\_\_  
Address

Virginia Gardens, FL 33166

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

info@corporacionesenusa.com

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

For further information concerning this matter, please call:

Julio Araujo

305 871-2525

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

FILED  
23 SEP 11 AM 9:54  
CLERK OF STATE  
JESSIE FLORIDA  
5, 2023

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

his amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Principal office address MUST BE A STREET ADDRESS)**

***Mailing address MAY BE A POST OFFICE BOX)***

Zip Code

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**

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:


GR = Manager  
MBR = Authorized Member

<u>itle</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	JESUS CENTENO	3538 W 108TH ST	<input type="checkbox"/> Add
		HIALEAH, FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ISABEL C GRAJALES GARZON	3538 W 108TH ST	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JESUS CENTENO	3538 W 108TH ST	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 33018	<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

[illegible]

**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.

Dated 09/01/2023, \_\_\_\_\_

  
Signature of a member or authorized \_\_\_\_\_  
JESUS CORDERO

Signature of a member or authorized representative of a member

JESUS CENTENO

Typed or printed name of signee