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.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : IDEAS CARVAJAL LLC

Account Number : I20220000006 : (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 PIPIA PEDRO J. LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

## **COVER LETTER**

	istration Se Islon of Cor			·
SUBJECT.	PIPIA PED	RO J. LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		PEDRO J, PIPIA		
		<u></u>	Name of Person	
		PIPIA PEDRO J. LLC		
		4.44-4-4	Flrm/Company	<del></del>
		12293 SABAI PALMETT	O PL	
			Address	
		ORLANDO, FL 32824		
		•	City/State and Zlp Code	<del></del>
		INFO@GOALBRIDGEG.		
For further in	iformation c	e-mail address: ( oncorning this matter, please c	to be used for future annual report of	otification)
PEDRO J. PI		this manuf, prease	321 442-1235	
	Name o	f Damas	at ()	Les Talankas Mustan
	Name O.	Lettot	Area Code Dayt:	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fcc	S30.00 Filing Fee & Cartificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	lilng Addres gistration S		Street Address: Registration S	Section
-		orporations	Division of C	
	). Box 632		The Centre of	
Ial	lahassee, H	£L 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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gnation "LLC" or the abbreviation "L.L.C."
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ords, enter the name of the new regi
_

### 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.

Clty

, Florida

Zip Code

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

Title	Name	Address	Type of Action
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			□Remove
			□ Change
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Effecti	ve date, if other than the date of filing: (optional)
if an off <u>Note:</u>	ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at ent's effective date on the Department of State's records.
	d 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
rd is fil	ed.
Dated	01/23/2024
	Pedro J Pip.c. Signature of a member or authorized representative of a member
	1.010 0 114.0
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00