

L23000499800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

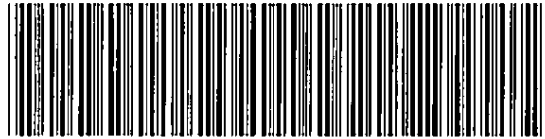
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400420165074

12/12/23--01020--007 \*\*55.00

FILED  
2023 DEC 12 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOVEREIGNTY AND TRANSCENDENCE INSTITUTE 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:

Stephan Brakebusch

Name of Person

EVisaLife

Firm/Company

108 The Riv

Address

Palm Springs, CA 92262

City/State and Zip Code

sbrakebusch@evisalife.com

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

For further information concerning this matter, please call:

Stephan Brakebusch

at ( 917 ) 971 6233

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  
2023 DEC 12 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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	Christian Omar Ramos Alonso	1395 Brickell Ave.	<input checked="" type="checkbox"/> Add
		8th Floor, Ste. 800	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
AMBR	Carolina Sierra Mendez	1395 Brickell Ave.	<input checked="" type="checkbox"/> Add
		8th Floor, Ste. 800	<input type="checkbox"/> Remove
		Miami, FL 33131	<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

FILED  
20 DEC 2 2:14 PM  
SECRETARY OF STATE  
TALLAHASSEE, FL

2023 DEC 12 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

SECRETARY OF STATE  
TALLAHASSEE, FL  
2023 DEC 12 PM 2:43

7-1-77

**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 Nov. 29, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**