

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : IDEAS CARVAJAL LLC
 Account Number : 120220000006
 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
FAMILY LATIN LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help **T. LEMIEUX**
OCT 23 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FAMILY LATIN 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:

FRAGUA, MAIRA

Name of Person

FAMILY LATIN LLC

Firm/Company

2688 ELLIPSE LINE APT 103

Address

ORLANDO, FL 32837

City/State and Zip Code

INFO@GOALBRIDGEG.COM

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

For further information concerning this matter, please call:

FRAGUA, MAIRA

Name of Person

321 442-1235
at ()

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

FAMILY LATIN 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 02/26/2024 and assigned
Florida document number L24000097230.

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:

FRAGUA, MAIRA

New Registered Office Address:

2688 ELLIPSE LINE APT 103

Enter Florida street address

ORLANDO

City

Florida 32837

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.

FRAGUA, MAIRA

If Changing Registered Agent, Signature of New Registered Agent

FILED
 2024 OCT 23 PM 2:49
 SECRETARY OF STATE
 TALLAHASSEE, FL

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 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 10/22/2024 _____

Liver, Harris

Signature of a member or authorized representative of a member

FRAGUA, MAIRA

Typed or printed name of signee

Filing Fee: \$25.00