

L24000115197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

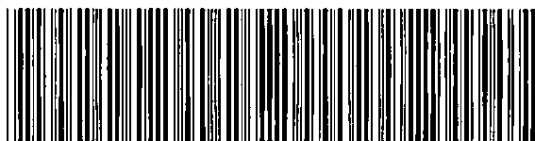
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100435073821

08/23/24--01008--013 \*\*30.00

8/27/24  
KIT

2024 AUG 23 PM 3:00  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FACIL CONSULTING 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:

NAVID TRUJILLO

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

FACIL CONSULTING LLC

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

6775 W FLAGLER ST

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33144

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

FACILCONTI@GMAIL.COM

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

For further information concerning this matter, please call:

NAVID TRUJILLO

786

367-9581

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

STATE  
TALLAHASSEE, FL

2024 AUG 23 PM 3:00

FILED

**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          | YALIMA CHAVEZ BEJERANO | 15276 SW 88 TER      | <input checked="" type="checkbox"/> Add |
|              |                        | MIAMI, FLORIDA 33196 | <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         |
|              |                        |                      | <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         |
|              |                        |                      | <input type="checkbox"/> Add            |
|              |                        |                      | <input type="checkbox"/> Remove         |
|              |                        |                      | <input type="checkbox"/> Change         |

STATE  
TALLAHASSEE, FL

2021  
JUN 23 PM 3:01

FILED

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

N/A

**E. Effective date, if other than the date of filing:** 08/16/2024 (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 AUGUST 16TH 2024

Signature of a member or authorized representative of a member

NAVID TRUJILLO

Typed or printed name of signee

