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(Requestor's Name)

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(City/State/Zip/Phone #)

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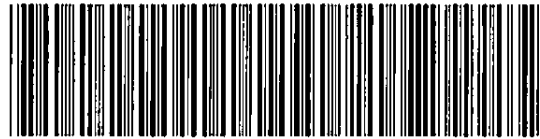
(Business Entity Name)

(Document Number)

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

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2024 MAR 27 PM 3:25

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SARA NOEMI CESPEDES LICENSED PROFESSIONAL, 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:

SARA N CESPEDES

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

SARA NOEMI CESPEDES LICNESED PROFESSIONAL LLC

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

6030 CHAPMAN STREET

\_\_\_\_\_  
Address

COCOA, FL 32927

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

saracespedes2003@yahoo.com

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

For further information concerning this matter, please call:

SARA N CESPEDES

321

544-9345

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SARA NOEMI CESPEDES LICENSED PROFESSIONAL, 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 MARCH 6, 2024 and assigned  
Florida document number L24000115315.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SARA NOEMI CESPEDES LICENSED PROFESSIONAL LLC

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:**

6030 CHAPMAN STREET COCOA FL 32927

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

**Enter new mailing address, if applicable:**

6030 CHAPMAN STREET COCOA FL 32927

**(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:

N/A

New Registered Office Address:

6030 CHAPMAN STREET

Enter Florida street address

COCOA

City

Florida 32927

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.*

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

It looks like under the addresses, the computer autopopulated two addresses instead of the one I entered. Please correct it to just 6030 Chapman Street, Cocoa FL 32927 and eliminate 7397 Glenwood Rd. Also, I incorrectly typed the word "Professional" on the company name. Please make this correction, so I can apply for a new EIN number again. Thank you for your assistance in this matter.

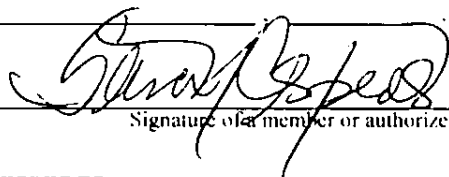
**E. Effective date, if other than the date of filing:** March 10, 2024 **(optional)**

(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 March 18 2024



Signature of a member or authorized representative of a member

SARA N CESPEDES

Typed or printed name of signee

# *State of Florida*

## *Department of State*

Please Change the company name to:  
Sara Noemi Cespedes Licensed Professional, LLC

I certify from the records of this office that SARA NOEMI CESPEDES LICENSED PROFESIONAL, LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on March 06, 2024, effective March 10, 2024.

The document number of this company is L24000115315.

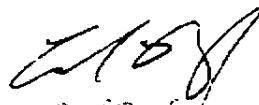
I further certify that said company has paid all fees due this office through December 31, 2024, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 240312140534-500425321145#1

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twelfth day of March, 2024



  
Cord Byrd  
Secretary of State

Company address: 6030 Chapman St.  
Coron FL 32927.

Eliminate 7397 Glenwood Road, Coron FL 32927