

L24000171023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

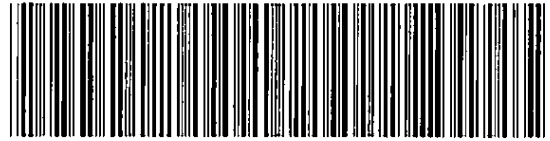
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2024 JUL -9 PM 1:10
CLERK OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADA MELISSA ICAZA TELLERIA 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:

ADA MELISSA ICAZA TELLERIA

Name of Person

Firm/Company

1474 HAMPSTEAD TER

Address

OVIEDO FLORIDA 32765

City/State and Zip Code

melissaicaza@hotmail.com

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

For further information concerning this matter, please call:

ADA MELISSA ICAZA

689

2491505

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
1000 Centre Plaza
Tallahassee, FL 32310

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TALLAHASSEE, FL
REGISTRATION SECTION

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

ADA MELISSA ICAZA TELLERIA 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 04/10/2024 and assigned
Florida document number L24000171023.

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:

1474 HAMPSTEAD TER, OVIEDO FL, 32765

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1474 HAMPSTEAD TER, OVIEDO FL, 32765

(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:

New Registered Office Address:

Enter Florida street address

Florida

City

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.

FILED
2024 JUN 11 10
STATE
TALLAHASSEE, FL

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	ANDRES F RUBIO	1474 HAMPS TEAD TER OVIEDO FL 32765	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE
TALLAHASSEE, FL

[illegible]

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 01/07/2024

Mycaza

Signature of a member or authorized representative of a member

Ada Melissa Icaro Telleria

Typed or printed name of signee

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 GEOR. T. HAY OF STATE
 TALLAH. SSEE, FL

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