

L24 000 198 985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

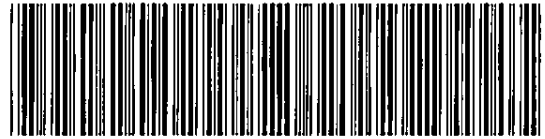
(Business Entity Name)

(Document Number)

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ALL USE SEE FLORIDA

Tampa, April 18, 2024

**REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
THE CENTRE OF TALLAHASSEE  
2415 N MONROE ST, STE 810  
TALLAHASSEE, FL 32303**

RE: I. NIEVES INMIGRATION SERVICES -----124000004828 date of filing: 12/27/2023  
Agent: Iliana I Nieves  
Address: 2604 N Saint Vincent st, Tampa FL 33607

**Subject: CHANGE OF LLC NAME.**

Dear Sir or Madam,

It sent the complete form requesting the change of name of the registered LLC, and updating the principal address where it will be working from 05/01/2024.

The registered agent is the same, and the mailing address is the same for both.

Thank you,

**Iliana I Nieves**

**813-454-1547**

**tramitestampa@gmail.com**



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** I. NIEVES IMMIGRATION FORMS, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ILIANA ISABEL NIEVES  
Name of Person

ILIANA'S TRAMITES & MULTISERVICES, LLC  
Firm/Company

2604 N SAINT VINCENT ST  
Address

TAMPA FL 33607  
City/State and Zip Code

TRAMITESTAMPA@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ILIANA ISABEL NIEVES                      813                      454-1547  
Name of Person                      at (                      )                      Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: ILIANA'S TRAMITES & MULTISERVICES, LLC

2. (a) ILIANA'S TRAMITES & MULTISERVICES, LLC (b) ILIANA'S TRAMITES & MULTISERVICES, LLC  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*  
3811 W SLIGH AVE, SUITE H, TAMPA FL 33614 2604 N SAINT VINCENT ST, TAMPA FL 33607

12/27/2023

L24 000 198 985  
~~L2400000182#~~

3. 12/27/2023 Date of filing/registration in Florida 4. L24 000 198 985 Document number

5. (a) ILIANA I. NIEVES  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

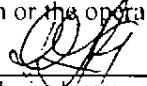
I. NIEVES INMIGRATION FORMS, LLC  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
2604 N SAINT VINCENT ST  
TAMPA, FL 33607

(b) ILIANA I. NIEVES  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

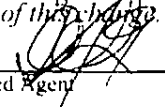
ILIANA'S TRAMITES & MULTISERVICES, LLC  
NEW Registered Office Address:  
3811 W SLIGH AVE, SUITE H  
TAMPA, FL 33614

FILED  
 24 APR 24 AM 5:41  
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 ILIANA I NIEVES  
 Signature of a member or authorized representative of a member Printed or typed name of signee

*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.*

  
 Signature of Registered Agent