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L24000223027

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : EXPERTAX
Account Number : 120200000010
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Fax Number : (321)206-9743

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
2024 JUL 18 PM 1:34
STATE OF FLORIDA
DIVISION OF CORPORATIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
3982 AMBROSE LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

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RECEIVED
2024 JUL 18 PM 4:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



July 15, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

3982 AMBROSE LLC
11848 LANGUAGE WAY
ORLANDO, FL 32832US

SUBJECT: 3982 AMBROSE LLC
REF: L24000202620

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The conflict is L16000153639.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H24000223027
Letter Number: 624A00015304

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COVER LETTERTO: Registration Section
Division of Corporations

SUBJECT: 3982 AMBROSE 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:

KATHERINE VARGAS

Name of Person

Firm/Company

11848 LANGUAGE WAY

Address

ORLANDO, FL 32832

City/State and Zip Code

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

For further information concerning this matter, please call:

KATHERINE VARGAS

786 674-2819

Name of Person

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 32314Street Address:Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

3982 AMBROSE 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 03/25/2011 and assigned
Florida document number 1.24000202620.

This amendment is submitted to amend the following:

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

AMBAR SERVICES CK 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:

11848 LANGUAGE WAY

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32832

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:

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.

If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF STATE

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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>
MBR	ANA MARIA ROMERO	CALLE 209 # 77 92	<input type="checkbox"/> Add
		BOGOTA, COLOMBIA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	CAROLINA SANABRIA	CALLE 213 # 114 - 10	<input checked="" type="checkbox"/> Add
		BOGOTA, COLOMBIA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	HENRY SANCHEZ	CALLE 209 # 77 92	<input type="checkbox"/> Add
		BOGOTA, COLOMBIA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	GERMAN ALVAREZ	CALLE 213 # 114 - 10	<input checked="" type="checkbox"/> Add
		BOGOTA, COLOMBIA	<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

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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 07-18-2024.

KATHERINE VARGAS

Signature of a member or authorized representative of a member

KATHERINE VARGAS

Typed or printed name of signee

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Filing Fee: \$25.00