

L24000284450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

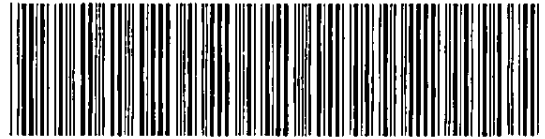
(Business Entity Name)

(Document Number)

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2024 JUL 26 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. HUNT

07/26/24

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Cely Vera, LLC.

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



- \_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_ L.C. File \_\_\_\_\_
- \_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_ Merger File \_\_\_\_\_
- \_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_ Courier \_\_\_\_\_

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RECORDS  
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Signature



Requested by:

Name

Date

Time

Walk-In

Will Pick Up

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: CELY VERA, 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:

STEPHANIE MURPHY

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

HARDING BELL INTERNATIONAL, INC.

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

113 PONTOTOC PLAZA

\_\_\_\_\_  
Address

AUBURNDALE, FL 33853

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

BUSINESSSERVICES@HBITAX.COM

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

STATE  
TALLAHASSEE, FL  
JUN 15 AM 8:23

For further information concerning this matter, please call:

STEPHANIE MURPHY

863

968-1010 EXT 403

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**

CELY VERA, 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 6/24/2024 and assigned  
Florida document number L24000284450.

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:

(Principal office address MUST BE A STREET ADDRESS)

113 PONTOTOC PLAZA

AUBURNDAL, FL 33853

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

City, **Florida**

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>
AMBR	VERONICA C VERA	CARRERA 140 #3-05, ALTO PANCE CASA 48	<input type="checkbox"/> Add
		CALI, VALLE DEL CUACA, 34714, COLUMBIA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CESAR R VERA	CARRERA 140 #3-05, ALTO PANCE CASA 48	<input type="checkbox"/> Add
		CALI, VALLE DEL CUACA, 34714, COLUMBIA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VERONICA VERA CABRALES	CARRERA 140 #3-05, ALTO PANCE CASA 48	<input checked="" type="checkbox"/> Add
		CALI, VALLE DEL CUACA, 760001, COLUMBIA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CESAR H. CELY REYES	CARRERA 140 #3-05, ALTO PANCE CASA 48	<input checked="" type="checkbox"/> Add
		CALI, VALLE DEL CUACA, 760001, COLUMBIA	<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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FL

APR 23

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MISSISSAUGA, ONTARIO

AM 8:23  
STATE  
HOUSE, FL

**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 JULY 25 2024

Signature of a member or authorized representative of \_\_\_\_\_

Signature of member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**