## L24000343613

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300437774473 LLC amend

10/16/24--01012--015 \*\*25.09

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A. RAMSEY

## **COVER LETTER**

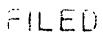
TO:

**Registration Section Division of Corporations** 

IBERICA SUBJECT:	CONSULTING LLC		
30bJr.C1.	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ENRIQUE JOSE CARAI	.PS SANTIAS	
	<del></del>	Name of Person	
	ENRIQUE JOSE CARALPS SANTIAS  Name of Person  IBERICA CONSULTING LLC  Firm/Company  7901 4th St N, suite 300  Address  St Petersburg, 33702 FL.  City/State and Zip Code  Ecaralps@gmail.com  E-mail address: (to be used for future annual report notification) on concerning this matter, please call:  at (786 ) 729 2177 Area Code  Daytime Telephone Number  or the following amount:		
		Firm/Company	
	7901 4th St N, suite 300		Daytime Telephone Number  S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
		Address	
	St Petersburg, 33702 FL		
Please return all correspondence concerning this matter to the following:  ENRIQUE JOSE CARALPS SANTIAS  Name of Person  IBERICA CONSULTING LLC  Firm/Company  7901 4th St N. suite 300  Address  St Petersburg, 33702 FL.  City/State and Zip Code  Ecaralps@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Enrique CARALPS  Name of Person  Area Code  Day time Telephone Number  Enclosed is a check for the following amount:  © \$255.00 Filing Fee  \$ \$60.00 Filing Fee.			
	E-mail address: (	to be used for future annual report no	tification)
For further information	concerning this matter, please e	all:	
		at (	
Name	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monre	prporations

Tallahassee, FL 32303

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



IBERICA CONSULTING LLC

2024 OCT 16 PM 12 17

(Name of the Limited	Liability Company	as it now appears on our i	records.) ALV CE STOR
(A	r iorida Limited Lial	omy Company)	TALE MANAGER FLOWER
The Articles of Organization for this Limited Lia	bility Company v	vere filed on 08/05/2024	and assigned
Florida document number_L24000343613.			
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	ne limited l <u>i</u> abilit	y company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
	-		
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
	-		<del></del>
B. If amending the registered agent and/or reg	istored office add	droce on our roporde	ontar the name of the new pari
agent and/or the new registered office address		areas on our records, g	enter the name of the new regi
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street	address
			, Florida Zip Code
		Cuv	

Thereby 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 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>	Type of Action
MGR	CIFUENTES JIMENEZ, RUBEN	7901 4th St N, suite 300	□ Add
		St Petersburg, 33702 FL	■Remove
			□Change
	<del></del>		
			□Remove
			□Change
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iecti	ve date, if other than the date of filing:
n effe <u>te:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
n effe te: cum	ent's effective date on the Department of State's records.  I 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
n effe ete: cum ecore	ent's effective date on the Department of State's records.  I 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 ed.  OCTOBER 10TH 2024 X /
n effe ete: cum ecore	ent's effective date on the Department of State's records.  I 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 ed.