

M 23000003403

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : JUAN J GARCIA PADRO PA
Account Number : I20230000025
Phone : (787)599-3735
Fax Number : (407)627-1697

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

Email Address: PAMELA@ISGFacility.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ISG FACILITY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISG FACILITY LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN GARCIA

Name of Person

JUAN J. GARCIA PADRO PA

Firm/Company

1650 SAND LAKE ROAD SUITE 105

Address

ORLANDO FL 32809

City/State and Zip Code

JUAN@GARCIAPADRO.COM

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

For further information concerning this matter, please call:

JUAN J. GARCIA

at (787)

599-3735

Name of Person

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 ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of

State: ISG FACILITY LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M23000003403

3. Jurisdiction of its organization: WISCONSIN

4. Date authorized to do business in Florida: 02/22/2023

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable; enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

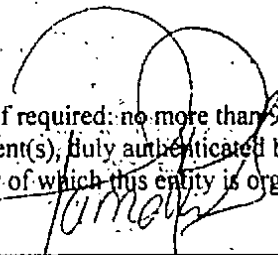
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

CORRECT REGISTERED NAME OF AUTHORIZED PERSONS

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Pamela A. Atenas Pardo	1650 SAND LAKE ROAD STE 105	☒ Add
		ORLANDO FL 32809	☐ Remove
MGR	Alejandro E. Lamar Madera	1650 SAND LAKE ROAD STE 105	☒ Add
		ORLANDO FL 32809	☐ Remove
MGR	PAMELA A PARDO	1650 SAND LAKE ROAD STE 105	☐ Add
		ORLANDO FL 32809	☒ Remove
MGR	ALEJANDRO L MADERA	1650 SAND LAKE ROAD STE 105	☐ Add
		ORLANDO FL 32809	☒ Remove
			☐ Add
			☐ Remove

9. Attached is a certificate, if required, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

MANAGER MEMBER

Typed or printed name of signee

Filing Fee: \$25.00