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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAY 22 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IEPFT Grant Management 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:

Leopoldo Escobar
Name of Person

Escobar Legal P.A.
Firm/Company

8400 NW 36th st, suite 450
Address

Doral, FL 33166
City/State and Zip Code

admin@escobar-legal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leopoldo Escobar at (786) 5431753
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

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SECRETARY OF STATE
TALLAHASSEE, FL

**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: IEPFT Grant Management 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: M24000003930

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/14/2024

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

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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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Ramon Jose Medina</u>	<u>1000 BRickell Ave. of 1015</u>	<input type="checkbox"/> Add
		<u>Miami, FL. 33131</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Ramon Aveledo</u>	<u>1000 Brickell Ave. of 1015</u>	<input type="checkbox"/> Add
		<u>Miami, FL. 33131</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Juan Salvador Perez Belisario</u>	<u>1000 Brickell Ave. of 1015</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL. 33131</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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.

Ramon Jose Medina
Signature of the authorized representative

Ramon Jose Medina

Typed or printed name of signee

Filing Fee: \$25.00

**WRITTEN CONSENT IN LIEU OF
MEETING OF Managers OF
IEPFT Grant Management LLC**

The undersigned, being the Managers of **IEPFT Grant Management LLC**, a Delaware limited liability company (the "Company"), and constituting a quorum by the attendance and participation of all of the Managers of the Company, hereby adopts the following resolutions by Written Consent of Managers in Lieu of Organizational Meeting of **IEPFT Grant Management LLC**.

RESOLVED, FURTHER, that the following individual is hereby removed to the office set forth below:


Manager Ramon Jose Medina
Manager Ramon Aveledo G

RESOLVED, FURTHER, that the following individual is hereby elected to the office set forth below, to serve until his successor is duly elected and qualified, or until their earlier resignation, death or removal from office:

Manager Juan Salvador Perez Belisario

RESOLVED, FURTHER, that all actions heretofore taken by the Manager on behalf of the Company are hereby adopted, approved, ratified and confirmed in all respects.

IN WITNESS WHEREOF, the undersigned Managers of the Company have executed this Written Consent to Action effective as of the 6th day of May, 2024.


Ramon Guillerno Aveledo


Ramon Jose Medina

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