## 106000080142

(Req	uestor's Name)	
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(City	/State/Zip/Phone	e #)
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SECRETARY OF STATE
SECRETARY OF STATE

710 5 2015 T. HAMPPOT

## **COVER LETTER**

Division of Cor	porations		
Daniel Mar SUBJECT:	tinez CPA, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Daniel Martinez		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	<del></del>
	Bizcpas		
	<del></del>	Firm/Company	
	1300 NW 84th Ave		
		Address	
	Doral, Florida 33126		
		City/State and Zip Code	<del></del>
	dmartinez@bizcpas.com		
	E-mail address; (	to be used for future annual report notific	cation)
For further information of	oncerning this matter, please ca	all:	
Daniel Martinez		305 615-1068	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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:

TO:

**Registration Section** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nome of the Limited Liebility C		1-\"
(A Florida Lim	ompany as it now appears on our record nited Liability Company)	<u>18.</u> )
The Articles of Organization for this Limited Liability Completion document number $\frac{L06000080142}{L0600080142}$ .	pany were filed on 08/15/2006	and assigned
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:	##	<u> </u>
Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	ECCIE S AUG
		P P
Enter new mailing address, if applicable:		71
Mailing address MAY BE A POST OFFICE BOX)		STATE LORIUS
		Om &
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address  Name of New Registered Agent:		s, enter the name of the
New Designation of Office Address		
New Registered Office Address:	Enter Florida street addres	5.5
	. FI	orida
	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

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
AMBR	Patricia Martinez	1300 NW 84th Ave	
		Dorał, Florida 33126	□ Remove
			Change
AMBR	Rosmery Martinez	1300 NW 84th Ave	Add
		Doral, Florida 33126	Remove
			Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			15 MIG - LCPH 2013 SECHETARY OF STATE TALL AHASSEE, FLORIDA
			OF SHAM
			RIOA Remove
		A-2	Change

n effect ote: If	date, if other than the date of filing:  (08/01/2015  (optional)  (ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at 3's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
07	/30/2015
ted	DATE OF THE SECOND TO
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00