L07000018153

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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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07/18/11--01034--002 **25.00

T. CLINE JUL 19 2011 **EXAMINER**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	MARITZA C	GONZALEZ, LLC			
•	Name of Limi	ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	MA	ARITZA C GONZALEZ			
		Name of Person			
		Firm/Company			
328 CAMILO AVE Address					
	COF	RAL GABLES, FL 33134	1	As a	⊰ ∵
		City/State and Zip Code	<u>,</u>	ECRE.	
		o be used for future annual report	notification)	TARY ASSE	
For further information	concerning this matter, please c	all:		OF STATE	
	ZA C GONZALEZ of Person	at (305) Area Code & Da	448-8501 ytime Telephone Number	ATE ATE	ж Д
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 encl	osed) Certified (of Status &	

MAILING ADDRESS:

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

MARII	<u>ZA C GONZALEZ, LLO</u>	<u> </u>		
(Name of the Limited List (A Flor	oility Company as it now appears ida Limited Liability Company)	on our records.		
The Articles of Organization for this Limited Liabili Florida document number L07000018153	ty Company were filed on	02/16/2007	and assigned	
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company here	:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compan	y," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	DDRESS)		AHASSEI	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			8 AN ION 52 SEE. FLORIDE	
B. If amending the registered agent and/or re	gistered office address on ou	r records, <u>enter</u>		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City	, 1101104 _	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 608, 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 a sending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	. <u>Name</u>	<u>Address</u>	Type of Action
MGR	FRANCISCO L GONZ	ALEZ 328 CAMILO AVE CORAL GABLES, FL 3313	Add Remove
			Add Remove
			Add Remove
			Add Add Remove
			HASSEE FLOR
D. If o	monding any other information or	iter change(s) here: (Attach additional sheets	Refifove
D. 11 a1		reer change(s) here. (Amaon assumonar shoots	
	·		
Dated _	07/12/11	,·	
	Signature	Typed or printed name of signee	ber

Page 2 of 2

Filing Fee: \$25.00