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JUN 16 2010

EXAMINER

## **COVER LETTER**

TO: Registra Division	ation Sec of Corp			;	
SUBJECT:		David Martinez	Tax & Itin Service, LLC	•	
		Name of Limi	ted Liability Company		
• • •				1	
The enclosed Art	icles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all	correspon	dence concerning this matter	to the following:	:	
		. Eu	igenio David-Martinez	:	
			Name of Person	į	
		David Marti	nez Tax Itin & Ein Service, LL	.C <sup>.</sup>	
<b>*</b> .			Firm/Company	:	~1, <b>_</b>
		25 Ho	mestead Rd North Ste 13		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
			Address		
1 4 11		Leh	igh Acres Florida 33936	<i>,</i>	JUN 15 PH 1:49
•		•	City/State and Zip Code	•	- 판위 로 살
			dmartinezser@aol.com		FLO ST
*			to be used for future annual report notificat	ion):	
For further infor	mation co	ncerning this matter, please o	eali:	:	
E		David-Martinez	at ( 910 ) 36  Area Code & Daytime T	37-6116	
	Name of	reison	Area Code & Daytime 1	elephone (valube	1
•				•	
Enclosed is a che	eck for the	e following amount:			
<b>▼</b> \$25.00 Filing	Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COURIEF Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

David M	artinez Tax	& Itin Service	e, LLC			
(Name of the Limited (A	Liability Compan Florida Limited Li	y as it now appear ability Company)	rs on our re	ecords.)		
The Articles of Organization for this Limited L	ability Company	were filed on	: 10/13/	/2009	and as	signed
Florida document number L07000112	<u>2146                                    </u>					
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited liabi	lity company her	<u>re</u> :			
	artinez Tax Itin					
The new name must be distinguishable and end win "L.L.C."	th the words "Limit	ed Liability Compa	any," the de	signation "l	LC" or the	abbreviation
Enter new principal offices address, if applic	able:	25 Homestea	ad Rd No	rth Ste 1	10 0 <u>1</u>	gramme agramme
(Principal office address MUST BE A STREET ADDRESS)		Lehigh Acres	s, Fl. 3390	36		CP VARIOUS
		<del></del>		, , , , , , , , , , , , , , , , , , ,	AR CO	171
Enter new mailing address, if applicable:		25 Homestea	ad Rd No	rth Ste 1	PM I:	0
(Mailing address MAY BE A POST OFFICE BOX)		Lehigh Acres	s, Fl. 339	36 5	imi 😘	
B. If amending the registered agent and/ registered agent and/or the new registered o			our record	ds, <u>enter (</u>	the name	of the new
Name of New Registered Agent:	Eugenio Da	vid-Martinez				
New Registered Office Address:	25 Homeste	ad Rd North S				
		Er	nter Florida :	a street ada	iress	
		Lehigh	, ]	Florida	33936	
•		City			Zip Cod	de

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 thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

If amending 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>	Address	Type of Action
MGR	Eugenio David-Martinez	25 Homestead Rd North Ste 13 Lehigh Acres, Fl. 33936	✓ Add ☐ Remove
			Add Remove
	•		Add
			Remove
			Add Remove
·	·		Add Remove
	· .		Add
D. Ifomo	anding any other information, enter o	hange(s) here: (Attach additional sheets, if necessar)	Remove
D. If ame	adding any other information, enter c		
, . 			
		45 45 25	NE.
Dated	(2),	Diff	
	Signature of a m	ember or authorized representative of a member	
		Eugenig David-Martinez Typed or printed name of signee	<del> </del>
		typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00