

L08000009103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
CORPORATION

JAN 14 2021

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDITERRA ENTERPRISE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ORSELIS VASQUEZ

Name of Person

MEDITERRA ENTERPRISE, LLC

Firm Company

2734 UNIVERSITY SQUARE DR

Address

TAMPA, FL 33612

City/State and Zip Code

Venetampa@gmail.com

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

For further information concerning this matter, please call:

ORSELIS VASQUEZ

863

274-8247

at ()

Name of Person

Area Code

Daytime Telephone Number

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 enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

20 DEC 28 AM 8:28

FILED
STATE
DIVISION OF
CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2020

ORSELIS VASQUEZ
MEDITERRA ENTERPRISE, LLC
2734 UNIVERSITY SQUARE DR
TAMPA, FL 33612

SUBJECT: MEDITERRA ENTERPRISE, LLC
Ref. Number: L08000009103

We have received your document for MEDITERRA ENTERPRISE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 720A00024457

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MEDITERRA ENTERPRISE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/25/2008 and assigned

Florida document number L08000009103.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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:

ORSELIS VASQUEZ

New Registered Office Address:

2734 UNIVERSITY SQUARE DR

Enter Florida street address

TAMPA

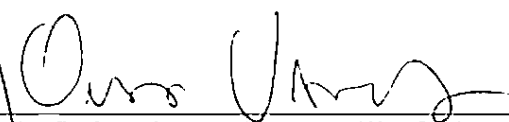
City

, Florida 33612

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.

PO
A / 

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>	<u>Type of Action</u>
AMBR	PEREZ MARICHAL, CARMEN E	2734 UNIVERSITY SQUARE DR	<input type="checkbox"/> Add
		TAMPA, FL 33612	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GUTIERREZ PEREZ, JEYDITH A	2734 UNIVERSITY SQUARE DR	<input type="checkbox"/> Add
		TAMPA, FL 33612	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ORSELIS VASQUEZ	2734 UNIVERSITY SQUARE DR	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33612	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated DECEMBER 12 2020



Signature of a member or authorized representative of a member

Typed or printed name of signee