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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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TO:	Registration Sec Division of Corp		· · · · · · · · · · · · · · · · · · ·	e.
SUBJI	rct.	ESPINOSA TRU	JEBA MARTINEZ, PL	
30001	EC1:	Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
			JORGE ESPINOSA	
			Name of Person	
		ESPI	NOSA TRUEBA MARTINEZ, PL	
			Firm/Company	
		1428 BF	RICKELL AVE., SUITE 100	
			Address	
			MIAMI, FLORIDA 33131	
			City/State and Zip Code	
			lmansen@etlaw.com	
			to be used for future annual report notifi	cation)
For fur	ther information co	ncerning this matter, please ca	all:	
JORGI	E ESPINOSA		305 854-0900 at (•
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:		
■ \$2:	5.00 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESPINOSA	A TRUEBA MARTINEZ, PL	
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 05/29/2008	and assigned
Florida document number L08000053464	·	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
ESPINOSA MARTINEZ, PL		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" o	r the abbreviation-"L.L.C."
Enter new principal offices address, if applicable:		action () are a series
Principal office address MUST BE A STREET ADDRESS)		
		9
Enter new mailing address, if applicable:		٠,٠
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	stered office address on our records,	enter the name of the ne
registered agent and/or the new registered office ado	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	da
	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>	Name	Address	Type of Action
SH/MBR	WILLIAM R. TRUEBA, JR.	1428 Brickell Ave., Suite 100	
		Miami, Florida 33131	■ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
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Note: If the date inselled locument's effective	her than the date of the date must be specificated in this block does a date on the Department as a delayed effection of the record is file.	not meet the applic of State's records we date, but no	able statutory filing	requirements, this d	ate will not be list	ted as
The 90th day at	1.	2917				
The 90th day at		+·/	<u> </u>			
The 90th day at	Signatur	1/2	orized representative o	f a member		

Filing Fee: \$25.00