

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

368258

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002158123)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MARTINEZ AND ESPINOSA CPA'S. L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

SUNSHINE STATE
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

SEP 9 2011

EXAMINER

SEPTEMBER 8, 2011

**SECRETARY OF STATE
TALLAHASSEE, FL**

TO WHOM IT MAY CONCERN,

**I Andy Martinez, am the sole shareholder of A. Martinez & Co.
Financial Auditors PA and authorize the use of the name A. Martinez &
Co. Financial Auditors LLC.**

Thank you for your prompt attention,



Andy Martinez

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000215812

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARTINEZ AND ESPINOSA CPA's 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:

ANDY MARTINEZ

Name of Person

ANDY MARTINEZ PA

Firm/Company

10580 NW 27 ST

Address

DORAL FL 33172

City/State and Zip Code

ANDY@ALMCPA.COM

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

For further information concerning this matter, please call:

ANDY MARTINEZ

Name of Person

at (305)

559 3000

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATE OF FLORIDA
TALLAHASSEE

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H11000215812

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

MARTINEZ AND ESPINOSA CPA's 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 JUNE 27 2008 and assigned
Florida document number L08000063043

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A. MARTINEZ & CO. FINANCIAL AUDITORS LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

Page 1 of 2

M11006215812

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

Title	Name	Address	Type of Action
MGR	JEANNIE ESPINOSA	10580 NW 27 ST DORAL FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated:

Aug 30, 2011

Signature of a member or authorized representative of a member

ANDY MARTINEZ

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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September 7, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ANDY MARTINEZ
10580 NW 27 STREET
DORAL, FL 33172

SUBJECT: MARTINEZ AND ESPINOSA CPA'S. L.L.C.
REF: L08000063043

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P02000013194

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

FAX Aud. #: E11000215812
Letter Number: 111A00020691

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11 SEP -8 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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