L09000011398

(Requ	uestor's Name)			
(Addr	ess)	*****		
(Addı	ess)			
(City/	State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	iness Entity Nar	ne)		
`	·	•		
(Doci	ument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Fi	iling Officer:			
MAR 2 2 2013				
S. TONEF				

١

Office Use Only

W13 - 7124



800244217058

02/04/13--01025--015 **60.00





February 5, 2013

MARITZA VELEZ VELEZ AND COMPANY LLC 4716 NW 6TH COURT PLANTATION, FL 33317

SUBJECT: VELEZ AND ASSOCIATES LLC

Ref. Number: L09000011398

We have received your document for VELEZ AND ASSOCIATES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

The total amount due to reinstate is \$655.00.

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) 245-6051.

Sean Toner Senior Section Administrator

Letter Number: 713A00002832

TO;	Registration Sect Division of Corpo			*
SUBJE	СТ:	Velezand (Name of Limit	COM PANY UC ed Liability Company	
The end	closed Articles of Ar	mendment and fee(s) are subi	mitted for filing.	
Please i	eturn all correspond	ence concerning this matter t	to the following:	
		Maritza	Velez Name of Person	
			and Company Firm/Company	LLC
		4716 NI	W 6th Court	
			City/State and Zip Code Lez @ ho + mail. Co be used for future annual report notificat	
For furt	her information con-	cerning this matter, please ca		(101)
	Manta Name of Po	Welez	at (954) 883-33 Area Code & Daytime To	68 Slephone Number
Enclose	d 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)	Section 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

FILED

13 HAR 22 74 3: 61 agraciates The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number <u>L09000113</u> % 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation 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: 1 aritza Velez Name of New Registered Agent: Y716 NW 6th Court

Enter Florida street address

Plantation Florida 33317

Zip Code New Registered Office Address: 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 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 Remove

Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
ed	01.29. 2013.
	Mantalel
	1 V hu M V V V
	Signature of a member or outhorized representative of a member Nanta Velez
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00