

LO9000024362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
OCT 21 2009
EXAMINER

Office Use Only



200161795232

10/19/09--01028--003 **25.00

FILED
2009 OCT 19 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: Martinez Insurance & Associates 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:

Maria Mercedes Garcia
Name of Person

Martinez Insurance & Associates LLC
Firm/Company

636 E 9 St
Address

Maclah FL 33010
City/State and Zip Code

Mercy2Martinezins.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Garcia at (305) 200-3824
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Martinez Insurance & Associates 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 3/12/09 and assigned
Florida document number 109000024962.

This amendment is submitted to amend the following:

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

Martinez Insurance & Associates LLC

The new name must be distinguishable and end with 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)

636 E 9 St

Hialeah FL 33010

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

FILED
2009 OCT 19 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MARIA MERCEDES GARCIA

New Registered Office Address:

636 E 9 St

Enter Florida street address

Hialeah

Florida 33010

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 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

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>	<u>Address</u>	<u>Type of Action</u>
Ugr	Monica Martinez	636 E 9 st Hialeah FL 33010	☐ Add ☒ Remove
General Ugr	MARIA Mercedes Garcia	636 E 9 st Hialeah FL 33010	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

FILED
 2009 OCT 19 PM 2:38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Dated 10/16, 2009


 Signature of a member or authorized representative of a member
MARIA M. GARCIA
 Typed or printed name of signee