

L09000035144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR 12 PM 3:59

T. HAMPTON

APR 13 2010

EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Maria "Gigi" Gonzalez Interpreting Services LLC  
Name of Corporation

DOCUMENT NUMBER: LO9000035144

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Gonzalez  
Name of Contact Person

Miami NCI LLC  
Firm/Company

2501 SW 37 Ave. #405  
Address

Miami, FL 33133  
City/State and Zip Code

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

For further information concerning this matter, please call:

Maria Gonzalez at (305) 498-5431  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &  
Certificate of Status



\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)



\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

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

Maria "GiGi" Gonzalez Interpreting Services 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 4/13/09 and assigned  
Florida document number L69000035144.

This amendment is submitted to amend the following:

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

Miami Nationally Certified Interpreter 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)**

2501 SW 37 AVE #405  
Miami, FL 33133  
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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

\_\_\_\_\_, Florida \_\_\_\_\_

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

| Title | Name           | Address              | Type of Action   |
|-------|----------------|----------------------|--|
| VP    | Vilma Gonzalez | 2665 SW 37 ave #1004 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |                |                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                |                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                |                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                |                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                |                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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10 APR 12 PM 3:50  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Dated 4-5-10 April 5, 2010

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Maria Gonzalez  
Typed or printed name of signee