

L100000012780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

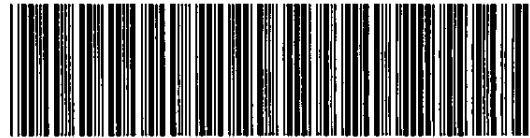
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600267257176

12/12/14--01004--011 **25.00

FILED

15 JAN 16 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 26 2015

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MARRERO & ASSOCIATES CONSULTING, 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:

GERMAN PENA

Name of Person

GERMAN PENA, PA

Firm/Company

9010 SW 137th AVE STE.113

Address

MIAMI, FLORIDA 33186

City/State and Zip Code

germanpenapa@bellsouth.net

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

For further information concerning this matter, please call:

GERMAN PENA

Name of Person

at (**305**)

385-0014

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2014

GERMAN PENA, PA
9010 SW 137TH AVE STE 113
MIAMI, FL 33186

SUBJECT: MARRERO & ASSOCIATES CONSULTING, LLC
Ref. Number: L10000012780

We have received your document for MARRERO & ASSOCIATES CONSULTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 714A00026707

RECEIVED
14 DEC 30 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 31, 2014

GERMAN PENA, PA
9010 SW 137TH AVE STE 113
MIAMI, FL 33186

SUBJECT: MARRERO & ASSOCIATES CONSULTING, LLC
Ref. Number: L10000012780

RECEIVED
15 JAN 16 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

We have received your document for MARRERO & ASSOCIATES CONSULTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 314A00027507

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
15 JAN 16 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Harrero & Associates Consulting, 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 02/03/2010 and assigned
Florida document number L10000012780.

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 "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

_____, 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Nicole Torres	6889 SW 158 Place	<input checked="" type="checkbox"/> Add
		Miami, Florida 33193	<input type="checkbox"/> Remove
MGR	CHANTELL Marrero	2276 SW 21 Ter	<input checked="" type="checkbox"/> Add
		Miami, Florida 33145	<input type="checkbox"/> Remove
MGR	Jesus A Marrero	2276 SW 21 Ter	<input checked="" type="checkbox"/> Add
		Miami, Florida 33145	<input type="checkbox"/> Remove
MGR	Jesus C Marrero	2276 SW 21 Ter	<input type="checkbox"/> Add
		Miami, Florida 33145	<input checked="" 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.)*

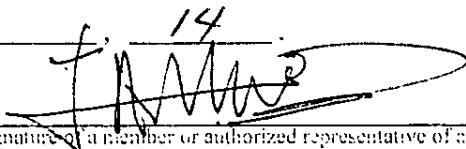
E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

12/10

14


Signature of a member or authorized representative of a member

Jesus A Marrero

Typed or printed name of signee