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J. BRYAN

MAR - 2 2009

**EXAMINER** 

## **COVER LETTER**

· TO:

то:	Registration S Division of Co				
SUBJECT: MARTORE			LL'S OFFICE LLC		
3000	LC1,		ited Liability Company		
The er	nclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
RO		DBERTO MARTORELL		10 T	
			Name of Person		HAR-I
MAF		MAF	RTORELL'S OFFICE LLC		(m)
			Firm/Company		
		9618	FONTAINEBLEAU BLVD		3: 18 STATE FLORID
			Address		om o
		MIAMI FL 33172			
			City/State and Zip Code	<del> </del>	
,		robei	tomartorel@hotmail.com to be used for future annual report noti	fication)	
For fu	rther information	concerning this matter, please		,	
	ROBER	RTO MARTORELL	at ( 305 )	227-6136	
	Name	of Person	Area Code & Daytin	ne Telephone Number	
Enclos	sed is a check for	the following amount:			
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified (	e of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section on of Corporations 3ox 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations 'enter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DRELL'S OFFICE LLO			
(A Flori	<mark>ility Company as it now appear</mark> da Limited Liability Company)	s on our records.		
The Articles of Organization for this Limited Liabilit	· · ·	02/22/2010 and assigned		
Florida document number L10000020377	<del></del> '			
This amendment is submitted to amend the following	<b>;</b> ;			
A. If amending name, enter the new name of the l	limited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	ODRESS)	1.000		
		ALLE <b>3</b>		
Enter new mailing address, if applicable:		MAR - AHASS		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	SEF		
		77 3 11		
B. If amending the registered agent and/or re	gistered office address on o	our records, enter the many of the new		
registered agent and/or the new registered office a		1.56		
Name of New Registered Agent:				
New Registered Office Address:	r	ton Elovida utmot address		
	En	Enter Florida street address		
	City	, Florida Zip Code		
	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 **Address Type of Action Title** <u>Name</u> JEREMIAS MARTORELL MGR 20839 NW 4 ST ✓ Add PEMBROKE PINE FL 33029 Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

2010

**FEBRAURY 25** 

Dated \_

ROBERTO MARTORELL

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00