

L11000026309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

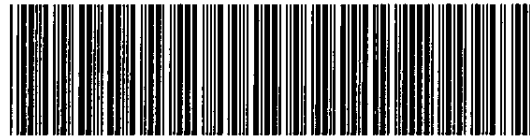
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 NOV -3 PM 2:25
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 4 - 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOLON SERVICES 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:

YILDA CELESTINA CELIS

Name of Person

MGR

Firm/Company

10870 NW 88 TERRACE UNIT 218

Address

DORAL FL 33178

City/State and Zip Code

INFO@MARTORELLOFFICE.COM

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

For further information concerning this matter, please call:

YILDA CELIS

Name of Person

at (**786**)

5944906

Area Code & Daytime Telephone Number

STATE
TALLAHASSEE, FLORIDA

11 NOV - 3 PM 2:24

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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**

(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 03/30/2011 and assigned Florida document number L11000026309.

This amendment is submitted to amend the following:

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

N/A

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)

11273 NW 87TH STREET

MIAMI FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11273 NW 87TH STREET

MIAMI FL 33178

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:

JEREMIAS MARTORELL

New Registered Office Address:

11046 WEST FLAGLER ST

Enter Florida street address

MIAMI

Florida

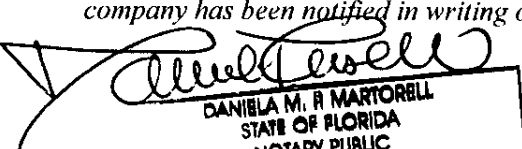
33174

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.


DANIELA M. R. MARTORELL
STATE OF FLORIDA
NOTARY PUBLIC
MY COMM. EXP.
APRIL 24 2012
COMMISSION NO. DD782747


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>
MGR	TULIO J GONZALEZ	10870 NW 88 TERRACE UNIT 218 MIAMI FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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.)

N/A

Dated OCTOBER,20 2011

Signature of a member or authorized representative of a member

YILDA CELESTINA CELIS

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

DANIELA M. P. MARTORELL
STATE OF FLORIDA
NOTARY PUBLIC
MY COMM. EXP.
APRIL 24 2012
COMMISSION NO. DD782747