

L11000088875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

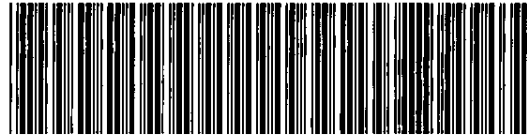
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800211299708

08/26/11--01031--001 **60.00

FILED
2011 OCT 21 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG 29 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2011

JOSE JULIO MARTINEZ
9359 FONTAINEBLEU BLVD
#F419
MIAMI, FL 33172

SUBJECT: MONALISA HN LLC
Ref. Number: L11000088875

We have received your document for MONALISA HN LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 111A00020126

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Monalisa HN 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:

Jose Julio Martinez

Name of Person

Firm/Company

9359 Fontainebleu BLVD #F419

Address

Miami FL 33172

City/State and Zip Code

marla0629@yahoo.com

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

For further information concerning this matter, please call:

Marla Guadamuz

Name of Person

at (305)

763 6205

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 &
Certificate Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certificate 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

IF you can email the
correction please do so
at marla0629@yahoo.com

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

Monalisa HN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2011 OCT 21 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/02/2011

The Articles of Organization for this Limited Liability Company were filed on _____

Florida document number L11000088875

This amendment is submitted to amend the following:

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

Monalisa HN 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1812 nw 53 st

Miami, FL 33142 Just for mailing please

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jose Julio Martinez	9359 Fontainebleu BLVD #F419 Miami, FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jose Luis Martinez	9359 Fontainebleu BLVD #F419 Miami, FL 33172	<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

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

The name will stay Maralisa H.N. LLC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT 21 AM 10:46

FILED

Dated _____

Jose Julio Martinez
Signature of a member or authorized representative of a member

Jose Julio Martinez
Typed or printed name of signee