

L12000033281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L12-33281

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP - 5 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M&M EMBROIDERY SPECIALIST, 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:

MAXIMILIANO GUILLEN

Name of Person



Firm/Company

6276 NW 186TH STREET APT 204

Address

MIAMI LAKES FL 33015

City/State and Zip Code

LATINTAX@HOTMAIL.COM

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

For further information concerning this matter, please call:

MARIA GUILLEN

Name of Person

at (954)

729-7547

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

September 5, 2012

MAXIMILIANO GUILLEN
6276 NW 186TH STREET
APT. 204
MIAMI LAKES, FL 33015

SUBJECT: M&M EMBROIDERY SPECIALIST, LLC
Ref. Number: L12000033281

We have received your document for M&M EMBROIDERY SPECIALIST, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MISSING PAGE (2) OF THE AMENDMENT FORM. I AM ENCLOSING THE PAGE.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 612A00022494

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

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M&M EMBROIDERY SPECIALIST, 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 03/08/2012 and assigned
Florida document number L12000033281

This amendment is submitted to amend the following:

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

M&D COURIER SPECIALIST, 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)

8161 N UNIVERSITY DR

TAMARAC FL 33321

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8161 N UNIVERSITY DR

TAMARAC FL 33321

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:

MARIA GINES

New Registered Office Address:

8161 N UNIVERSITY DR

Enter Florida street address

TAMARAC

City

Florida

33321

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

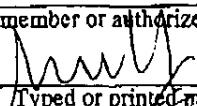
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MAXIMILIANO GUILLEN	6276 NW 186 TH STREET MIAMI LAKES FL 33015	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARIA GINES	8161 N UNIVERSITY DR TAMARAC FL 33321	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MAXIMILIANO GUILLEN	18061 NE 19 AVE MIAMI FL 33162	<input checked="" 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)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Dated 09/01/, 2012

Signature of a member or authorized representative of a member



Typed or printed name of signee