

4/13/2018

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)637-6383

From: Account Name : MIAMI BUSINESS SOLUTIONS, INC.  
Account Number : I2817888845  
Phone : (904)375-1652  
Fax Number : (888)323-1874

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: MCAPULLA@LIVE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
A & R MARTINEZ SERVICES, LLC.

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TALLAHASSEE, FLORIDA

18 APR 19 PM 4:49  
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APR 20 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A&R MARTINEZ 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:

MONICA B CAPULLA

Name of Person

MBS INC

Firm/Company

2341 EGREMONT DR

Address

ORANGE PARK, FL 32073

City/State and Zip Code

MCAPULLA@LIVE.COM

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

For further information concerning this matter, please call:

MONICA B CAPULLA

Name of Person

at ( 904 )

Area Code

305-7851

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

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

A&R MARTINEZ SERVICES 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 04/17/2012 and assigned  
Florida document number L12000051679.

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 contain 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)

**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:

MONICA B CAPULLA

New Registered Office Address:

2341 EGREMONT DR

Enter Florida street address

ORANGE PARK

Florida

32073

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.*

Monica B Capulla  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
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MGR	LUIS Z ALFONZO <u>Zelle L ALFONZO</u>	209 WEST 65TH ST APT#209	<input checked="" type="checkbox"/> Add
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		HIALEAH, FL 33012	<input type="checkbox"/> Remove
--	--	-------------------	---------------------------------

			<input type="checkbox"/> Change
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PRESID.	ANATELA MARTINEZ	12841 SW 53RD ST	<input type="checkbox"/> Add
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		MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

SECRET

18 APR 1964 145

12. Effective date, if other than the date of filing: 04/02/2018 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0247 (7)(b) Rule 17, if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

**Dated** April 02

2018

(ZaILO L ALFONZO PEREZ) - 

**LUIS ALFONZO**

**TYPE OF PAPER: CASE REPORT**

850-817-8381

4/17/2018 10:08:40 AM PAGE 1/001 Fax Server



April 17, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

A & R MARTINEZ SERVICES, LLC.  
6959 WEST 7TH AVENUE  
HIALEAH, FL 33014

SUBJECT: A & R MARTINEZ SERVICES, LLC.  
REF: L12000051679

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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) 245-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

FAX Aud. #: H18000118193  
Letter Number: 218A00007714

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