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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
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SECRETARY OF STATE DIVISION OF CORPORATION

N COOPER AUG 1 5 2018

COVER LETTER

Martinez-SUBJECT:	Ashkenazi & Associates LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Natalic Martinez-Ashkena	azi	
		Name of Person	
	Martinez-Ashkenazi & As	ssociates LLC	
Firm/Company			
	21141 SW 88 CT		
		Address	· -
	Miami, FL 33189		
	nashkenazi@maa-cpa.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please o	all:	
Natalie Martinez-Ashke	nazi	305 798-5484	
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

Martinez-Ashkenazi & Associates LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	_
The Articles of Organization for this Limited Liability Company vi Florida document number 1.14000046408	were filed on 03/20/2014 and	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	· · ·	"L.IC."
Enter new principal offices address, if applicable:	Table to Late	
(Principal office address MUST BE A STREET ADDRESS)		
	2	SIO2 SCR SCR
		- 87-
Enter new mailing address, if applicable:	<u>-</u>	25 CENT
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(Mailing address MAY BE A POST OFFICE BOX)) <u>~~~~</u>
		<u> </u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		ne of the new
	. Florida	
	City Zip Co	de
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar t ovided for in Chapter 605, F.S. Or, if this de	with and ocument is

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>	Type of Acura.
AMBR	Maria Teresa Mesa	21141 SW 88 Ct Miami, FL 33189	
			□ Remove
			☐ Change
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			Change
			
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E. Effectiv	e date, if other than the date of filing: (optional	J. W.
(If an effec	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fit	
Note: I	f the date inserted in this block does not meet the applicable statutory filing requirements, this da	
documer	nt's effective date on the Department of State's records.	
e . L		
tine reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m	•
o) The 9	90th day after the record is filed.	
Dated A	August 10th 2018	
Dated_	· · · · · · · · · · · · · · · · · · ·	
	$\left(\cdot \right)_{1}$	
	. <i>1</i> //	
	Signature of a member or authorized representative of a member	
	Natalie Martinez-Ashkenazi	
	Typed or printed name of signee	
	ryped or printed name or signee	

Page 3 of 3

Filing Fee: \$25.00