# L14000090805

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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B. BOSTICK
JUN 2 5 2014
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### **COVER LETTER**

TO: Registration Section
Division of Corporations

URIFICE: Montenegro 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:

## **Deidy Montenegro**

Name of Person

Firm/Company

6875 Sugarloaf Key Street

Address

Lake Worth, FL 33467

City/State and Zip Code

deidymontenegro@hotmail.com

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

For further information concerning this matter, please call:

**Deidy Montenegro** 

...561、574-7720

Name of Person

Areu 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Montenegro Services LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	<u>_</u>
ne Articles of Organization for this Limited Liability Comp	pany were filed on June 05, 2014	and assigned
orida document number L14000090805		
is amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
ontenegro Business Group LLC		
e new name must be distinguishable and end with the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRES.	<u></u>	
		, 53
nter new mailing address, if applicable:		نيد در. د
Mailing address MAY BE A POST OFFICE BOX)		
		i)
	<del></del>	25
. If amending the registered agent and/or registere	ed office address on our records, enter	r the name of the
gistered agent and/or the new registered office address	nici c.	
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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Marcos M Gallo	6875 Sugarloaf Key Stree	et_ ■ Add
		Lake Worth, FL 33467	□ Remove
			_
			Add
			□ Remove
	<u>.</u>		Add
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		**************************************	_
<del></del>			□ Add
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. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	•
Effective (The effecti the date th	e date, if other than the date of filing: (optional) we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated	June 06 2014
	Signature of a member or authorized representative of a member
	Deidy Montenegro
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00



June 13, 2014

DEIDY MONTENEGRO 6875 SUGARLOAF KEY STREET LAKE WORTH, FL 33467

SUBJECT: MONTENEGRO SERVICES, LLC

Ref. Number: L14000090805

We have received your document for MONTENEGRO SERVICES, 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):

The document must be signed by a member or an authorized representative of a member.

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 214A00012881