

**U4000176518**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : KRISJOENNA SERVICES, INC.  
Account Number : I20080000033  
Phone : (305) 644-3055  
Fax Number : (305) 644-3052

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 AUG 24 AM 10:00

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

Email Address: \_\_\_\_\_

2016 AUG 24 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SERVICIOS MTM C.A., LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

EFFECTIVE DATE

8/24

AUG 25 2016

S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SERVICIOS MTM C.A. 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:

DAVID CORRENTE

\_\_\_\_\_  
Name of Person

SERVICIOS MTM C.A. LLC

\_\_\_\_\_  
Firm/Company

7848 NW 108 CT

\_\_\_\_\_  
Address

MIAMI, FL 33178

\_\_\_\_\_  
City/State and Zip Code

KRISJOENNA@YAHOO.COM

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

For further information concerning this matter, please call:

DAVID CORRENTE

786 2907653

\_\_\_\_\_  
Name of Person

at ( )  
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

16 AUG 21 AM 10:00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERVICIOS MTM C.A. 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 11/13/2014 and assigned  
Florida document number L14000176518.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

DAVID CORRENTE

New Registered Office Address:

7848 NW 108 CT

Enter Florida street address

MIAMI

City

, Florida 33178

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.*

David Corrente

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>                      |
|--------------|-----------------|-------------------------|--|
| AMBR         | DANIEL CORRENTE | 7848 NW 108 CT MIAMI FL | <input type="checkbox"/> Add               |
|              |                 | 33178                   | <input checked="" type="checkbox"/> Remove |
|              |                 |                         | <input type="checkbox"/> Change            |
| AMBR         | CARLOS GUILAND  | 7848 NW 108 CT MIAMI FL | <input type="checkbox"/> Add               |
|              |                 | 33178                   | <input checked="" type="checkbox"/> Remove |
|              |                 |                         | <input type="checkbox"/> Change            |
| AMBR         | ISABEL GOZALO   | 7848 NW 108 CT MIAMI FL | <input checked="" type="checkbox"/> Add    |
|              |                 | 33178                   | <input type="checkbox"/> Remove            |
|              |                 |                         | <input type="checkbox"/> Change            |
|              |                 |                         | <input type="checkbox"/> Add               |
|              |                 |                         | <input type="checkbox"/> Remove            |
|              |                 |                         | <input type="checkbox"/> Change            |
|              |                 |                         | <input type="checkbox"/> Add               |
|              |                 |                         | <input type="checkbox"/> Remove            |
|              |                 |                         | <input type="checkbox"/> Change            |
|              |                 |                         | <input type="checkbox"/> Add               |
|              |                 |                         | <input type="checkbox"/> Remove            |
|              |                 |                         | <input type="checkbox"/> Change            |

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

N/A

16 AUG 24 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**E. Effective date, if other than the date of filing: 08/24/2016 (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 605.0207 (3)(b)

**Note:** 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 08-24, 2016David Corrente

Signature of a member or authorized representative of a member

DAVID CORRENTE

Typed or printed name of signer