

L15000213799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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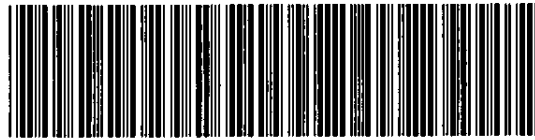
(Business Entity Name)

(Document Number)

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2016 JAN -7 AM 10:08  
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16 JAN -7 PM 4:43

JAN 08 2016  
J. HARRIS

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 915146 8076068

AUTHORIZATION :

COST LIMIT : \$125.00



ORDER DATE : December 16, 2015

ORDER TIME : 2:35 PM

ORDER NO. : 915146-005

CUSTOMER NO: 8076068

DOMESTIC AMENDMENT FILING

NAME: M RODRIGUEZ & ASSOCIATES, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS: \_\_\_\_\_

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: M RODRIGUEZ & ASSOCIATES, LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000213799

**THIRD:** Document to be corrected is: ARTICLES OF ORGANIZATION

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Principal office and mailing address: 2131 HOLLYWOOD BOULEVARD, SUITE 308, HOLLYWOOD, FL 33020

The principal office and mailing address is wrong.

Principal office and mailing address: 2237 TAYLOR STREET, UNIT 6B, HOLLYWOOD, FL 33020

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ The electronic transmission of the record was defective.

*Marina Rodriguez*  
Signature of Authorized Representative

1/6/2016  
Date

2016 JAN -7 AM 10:09  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

FILED

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

\_\_\_\_\_  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)