

U14000005508/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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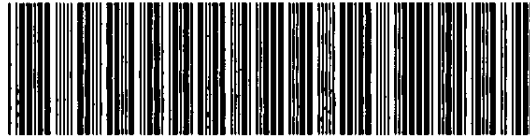
(Business Entity Name)

(Document Number)

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05/04/16--01016--010 **25.00

MAY 05 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M Martinusso & Associates 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:

Maria L. Martinusso

Name of Person

M Martinusso & Associates LLC

Firm/Company

5775 Collins Avenue #608

Address

Miami Beach, FL 33140

City/State and Zip Code

Lmartinusso@hotmail.com

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

For further information concerning this matter, please call:

Maria L. Martinusso at 305 864-4536
Name of Person 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

Fedex

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

M Martinusso & Associates, 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 3/17/2016 and assigned Florida document number L16 0000 55081.

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 "L.L.C."

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:

n/a

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 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	ALR Sousa	5775 Collins Avenue #608	<input type="checkbox"/> Add
		Miami Beach, FL 33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please delete AL R. SOUSA as
ambr.
Thank you.

E. Effective date, if other than the date of filing: May 2, 2016 (optional)

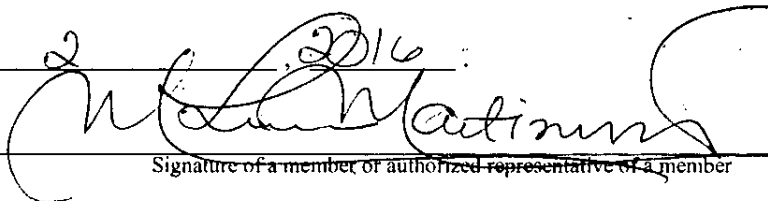
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

May 2, 2016



Signature of a member or authorized representative of a member

Maria L. Martinusso

Typed or printed name of signee

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Limited Liability Company**

M. MARTINUSSO & ASSOCIATES, LLC.

Filing Information

Document Number	L16000055081
FEI/EIN Number	NONE
Date Filed	03/17/2016
Effective Date	03/13/2016
State	FL
Status	ACTIVE

Principal Address

5775 COLLINS AVENUE
APT 608
MIAMI BEACH, FL 33140

Mailing Address

5775 COLLINS AVENUE
APT 608
MIAMI BEACH, FL 33140

Registered Agent Name & Address

MARTINUSSO, MARIA L
5775 COLLINS AVENUE
APT 608
MIAMI BEACH, FL 33140

Authorized Person(s) Detail**Name & Address**

Title MGR

MARTINUSSO, MARIA L
5775 COLLINS AVE, APT 608
MIAMI BEACH, FL 33140

Title AMBR

SOUSA, AL R
5775 COLLINS AVE, APT 608
MIAMI BEACH, FL 33140

← Please Remove

Annual Reports

No Annual Reports Filed

Document Images

03/17/2016 -- Florida Limited Liability

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State of Florida, Department of State

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L16000055081
FILED 8:00 AM
March 17, 2016
Sec. Of State
nculligan**

Article I

The name of the Limited Liability Company is:

M. MARTINUSSO & ASSOCIATES, LLC.

Article II

The street address of the principal office of the Limited Liability Company is:

5775 COLLINS AVENUE
APT 608
MIAMI BEACH, FL. 33140

The mailing address of the Limited Liability Company is:

5775 COLLINS AVENUE
APT 608
MIAMI BEACH, FL. 33140

Article III

The name and Florida street address of the registered agent is:

MARIA L MARTINUSSO
5775 COLLINS AVENUE
APT 608
MIAMI BEACH, FL. 33140

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MARIA LUCIA MARTINUSSO

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
MARIA L MARTINUSSO
5775 COLLINS AVE, APT 608
MIAMI BEACH, FL. 33140

Title: AMBR
AL R SOUSA
5775 COLLINS AVE, APT 608
MIAMI BEACH, FL. 33140

L16000055081
FILED 8:00 AM
March 17, 2016
Sec. Of State
nculligan

Article V

The effective date for this Limited Liability Company shall be:

03/13/2016

Signature of member or an authorized representative

Electronic Signature: MARIA LUCIA MARTINUSSO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 03-21-2016

Employer Identification Number:
81-1894270

Form: SS-4

Number of this notice: CP 575 B

M MARTINUSSO & ASSOCIATES
MARIA LUCIA MARTINUSSO MBR
5775 COLLINS AVE APT 608
MIAMI BEACH, FL 33140

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-1894270. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2017

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

(IRS USE ONLY) 575B

03-21-2016 MMAR B 999999999 SS-4

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is MMAR. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records.

CP 575 B (Rev. 7-2007)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 B

999999999

Your Telephone Number Best Time to Call
()

DATE OF THIS NOTICE: 03-21-2016
EMPLOYER IDENTIFICATION NUMBER: 81-1894270
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

M MARTINUSSO & ASSOCIATES
MARIA LUCIA MARTINUSSO MBR
5775 COLLINS AVE APT 608
MIAMI BEACH, FL 33140