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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JUN 1 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Martinez Media, 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:

Roberto Martinez

Name of Person

Firm/Company

620 NW 109 Ave #4

Address

Miami, FL 33172

City/State and Zip Code

Rob.Martinez09@gmail.com

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

For further information concerning this matter, please call:

Roberto Martinez

Name of Person

at (305) 772-1781

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)

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TALLAHASSEE, FL 32301

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

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>
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Change
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Change
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Change
_____	_____	_____	Add
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_____	_____	_____	Change
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Change
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Change

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