

L17000003624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

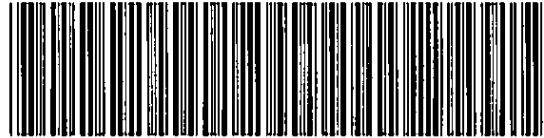
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MENESES TECHNOLOGIES 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:

SONIA ALEXANDRA MERCADO QUESADA

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

MENESES TECHNOLOGIES LLC

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

610 SE 13TH ST APT

\_\_\_\_\_  
Address

DANIE BEACH FL 33004

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

charliemenme@gmail.com

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

For further information concerning this matter, please call:

SONIA ALEXANDRA MERCADO QUESADA

954 554-7944  
at ( )

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

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

(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 \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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: CARLOS ANDRES MENESES

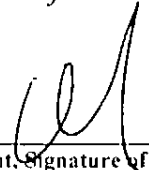
New Registered Office Address: 610 SE 13TH ST STE 202

*Enter Florida street address*

DANIA BEACH, Florida 33004  
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>                      |
|--------------|-------------------------|----------------------|--|
| MGR          | CARLOS ANDRES MENESES   | 610 SE 13TH ST       | <input checked="" type="checkbox"/> Add    |
|              |                         | STE 202              | <input type="checkbox"/> Remove            |
|              |                         | DANIA BEACH FL 33004 | <input type="checkbox"/> Change            |
| MGR          | SONIA ALEXANDRA MERCADO | 610 SE 13TH ST       | <input type="checkbox"/> Add               |
|              |                         | STE 202              | <input checked="" type="checkbox"/> Remove |
|              |                         | DANIA BEACH FL 33004 | <input type="checkbox"/> Change            |
|              |                         |                      | <input type="checkbox"/> Add               |
|              |                         |                      | <input type="checkbox"/> Remove            |
|              |                         |                      | <input type="checkbox"/> Change            |
|              |                         |                      | <input type="checkbox"/> Add               |
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JANUARY 1, 1977

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(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)

Typed or printed name of signee