

L17000076317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

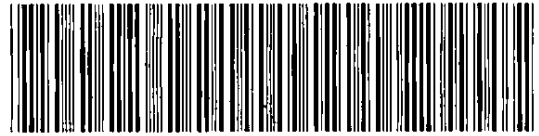
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUN 26 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IVONNE JIMENEZ 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:

IVONNE M JIMENEZ
Name of Person

IVONNE JIMENEZ LLC
Firm/Company

11865 CYPRESS LOOP DR
Address

ORLANDO FL 32811
City/State and Zip Code

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

For further information concerning this matter, please call:

IVONNE M JIMENEZ at (407) 579-8972
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

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

IVUNNE JIMENEZ 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 4/05/17 and assigned Florida document number 217000076317

This amendment is submitted to amend the following:

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

MAVITZA JIMENEZ LLC

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)

4865 Cypress Woods Dr
APT 2308
ORLANDO FL 32811-3763

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4865 Cypress Woods Dr
APT 2308
ORLANDO FL 32811-3763

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:

SAME

New Registered Office Address:

4865 Cypress Woods Dr APT 2308

Enter Florida street address

ORLANDO

City

Florida

32811-3763

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

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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	IVONNE M JIMENEZ	4865 Cypress Woods Dr	<input checked="" type="checkbox"/> Add
		APT 2308	<input type="checkbox"/> Remove
		ORLANDO FL 32811-3763	<input type="checkbox"/> Change
AMBR	IVONNE M JIMENEZ	11865 Cypress Loop APT 2308	<input type="checkbox"/> Add
		ORLANDO FL 32811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 STATE
 OF FLORIDA
 DEPARTMENT OF
 REVENUE

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (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 6/14/2017

[Handwritten Signature]
Signature of a member or authorized representative of a member

x IVONNE Maritza Jimenez
Typed or printed name of signer

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA