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COVER LETTER

TO:

Registration Section

Division of Corporations					
Ortiz & Ortiz Business S	olutions, LLC				
SUBJECT:					
	Name of Limited Lia	bility Company		•	
The enclosed Articles of Amendment ar	nd fee(s) are submitted	for filing.			
Please return all correspondence concer	ming this matter to the	 following:			
6		Name of Person	181.		
	Ortiz, M	Aartinez, Trabal & Associates			
		lirm/Company		~	
	528	Stonewall Avenue		2019 HAY	
		Address		MY 2	三:
	Haine	s City. Florida 33844		2 AM	ILEO TEO
	City/	State and Zip Code			
		lo.ortiz@guru-pedia.com		9.5	
	E-mail address: (to be us	ed for future annual report notific	cation)	: o	
for further information concerning this	matter, please call:				
Edgardo Ortiz	·	407 777-5857			
		at ()			
Name of Person		Area Code Daytime	Telephone Number	<u> </u>	
Enclosed is a check for the following an	nount:	•			
■ \$25.00 Filing Fee □ \$30.00 F Certific	rate of Status	 	Certified	e of Status &	
MAILING ADDRES Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	ons	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	tions ter Circle		

TO ARTICLES OF ORGANIZATION OF

Ortiz & Ortiz Business Solutions, LLC

Ofuz & Ofuz Business Solutions, LLC		
(Name of the Limited Liability Con	npany as it now appears on our records	<u>s.</u>)
(A Florida Limit	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Elorida document number	my were filed on May 29, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Ortiz, Martinez, Trabal & Associates		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	528 Stonewall Ave.	
(Principal office address MUST BE A STREET ADDRESS)	Haines City, Florida 33844	
		2019 HAY
Enter new mailing address, if applicable:	528 Stonewall Ave.	22 三次第
(Mailing address MAY BE A POST OFFICE BOX)	Haines City, Florida 33844	
		9
registered agent and/or the new registered office address h	icic.	
New Registered Office Address:	Enter Florida street address	
	Emer Frontal Street datess	
	, Flo	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ager	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and completed accept the obligations of my position as registered agent a sheing filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance of my duties, and is provided for in Chapter 605, F	d I am familiar with and F.S. Or. if this document is
IFCI	hanging Registered Agent, Signature of	f New Registered Agent

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action **AMBR** ORLANDO MARTINEZ DIAZ 2480 Seggolia Lane Kissimmee, Florida 34741 **■** Add ☐ Remove ☐ Change AMBR PATRICIA TRABAL 2480 Seggolia Lane Kissimmee, Florida 34741 ■ Add □ Remove ☐ Change □ Add Z ∰Remove __**~**~ Ŋ ☐ Kemove _□ Change _□ Add _□ Remove ☐ Change ☐ Add □ Remove

or removed from our records: .

☐ Change

	I would like to change my incorpo		ampany to Corporation.	
				
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			2018	
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an el Note:	tive date, if other than the date flective date is listed, the date must be sp 1 If the date inserted in this block donent's effective date on the Departn	pecific and cannot be prior to date of to oes not meet the applicable statut	(optional) filing or more than 90 days after filing.) Pursuant ntory filing requirements, this date will not b	to 605,0207 be listed as
e re	cord specifies a delayed effe e 90th day after the record is	ective date, but not an effe s filed.	ective time, at 12:01 a.m. on the o	earlier of
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		do Orlia		
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	- Edgal	do Orliz	esentative of a member	
The	- Lagal Signat	do Orliz		_

Page 3 of 3

Filing Fee: \$25.00