Elorida Department of State Division of Corporations Chemotic Ething Cover States

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000278106 3)))



H190002781063ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

From: Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC Account Number : I20060000012 Phone : (305)826-5886 Fax Number : (305)722-0535	To:	_		
From: Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC Account Number : I20060000012 Phone : (305)826-5886 Fax Number : (305)722-0535				•
Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC Account Number : I20060000012 Phone : (305)826-5886 Fax Number : (305)722-0535		Fax Number	: (850)617-6383	
Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC Account Number : I20060000012 Phone : (305)826-5886 Fax Number : (305)722-0535				
Account Number: I20060000012 Phone: (305)826-5886 Fax Number: (305)722-0535 **Enter the email address for this business entity to be used for future	Erom:		·	_
Phone : (305)826-5886 Fax Number : (305)722-0535 **Enter the email address for this business entity to be used for future		Account Name	: MARTIN ACCOUNTING & TAX SERVICE, INC	
Fax Number : (305)722-0535 **Enter the email address for this business entity to be used for future		Account Number	: 120060000012	٠.
Fax Number : (305)722-0535 **Enter the email address for this business entity to be used for future		Phone	: (305)826-5886	
⊕ Enter the email address for this business entity to be used for future → Enter the email address for this business entity to be used for future → Enter the email address for this business entity to be used for future → Enter the email address for this business entity to be used for future → Enter the email address for this business entity to be used for future → Enter the email address for this business entity to be used for future → Enter the email address for this business entity to be used for future → Enter the email address for this business entity to be used for future → Enter the email address for this business entity to be used for future → Enter the email address for this business entity to be used for future → Enter the email address for this business entity to be used for future → Enter the email address for this business entity to be used for this business entity to be used for this business entity the email address entity the			+ (305)722-0535	•
**Enter the email address for this business entity to be used for future		1 44 114	, , , , , , , , , , , , , , , , , , , ,	(2)
annual report mailings. Enter only one email address please.**	**Enter an	the email addres	s for this business entity to be used for functions. Enter only one email address please.	tur

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN L & J FONSECA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS

SEP 1 8 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L & J FONSEC,	-		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears ability Company)	оп our records,)	
The Articles of Organization for this Limited Liability Company w	ere filed on	07/18/2018	and assigned
Florida document numberL18000173105			
This amendment is submitted to amend the following:		·	19
A. If amending name, enter the new name of the limited liabili	ty company her	<u>e</u> :	• •
			5 .
The new name must be distinguishable and contain the words "Limited Liability	Company," the de:	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			1
(Principal office address MUST BE A STREET ADDRESS)			.,)
	<u> </u>	<u> </u>	65
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on	our records, enter	the name of the pe
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la 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>	Address	Type of Action
AMBR	FONSECA, JOSE L	6045 NW 186TH ST	
		APT 320	
			□ Remove
		HIALEAH, FL 33015	
	nomer may NYOMBA A	(045 NW 106TH 6T	Change
AMBR	ESTEVEZ, JUSTIN A 604	6045 NW 186TH ST	
		APT 320	
			Remove
		HIALEAH, FL 33015	
			Change
	·		
			Remove
			☐ Change
			Change
			Add
			· '.
			Remove
			.5
			•••
			
			Remove
			Charac
			Change
			Remove
			Change

	75
ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing tee: If the date inserted in this block does not meet the applicable statutory from the date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.0
record specifies a delayed effective date, but not an effective factoring the sound is filed.	ve time, at 12:01 a.m. on the earlier
september 17TH 2019	
Signarure of a member or authorized represents	