

K180000251752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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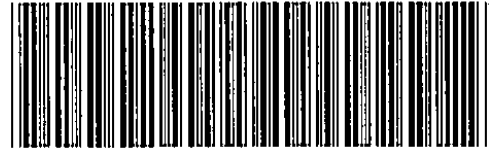
(Business Entity Name)

(Document Number)

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2/23/21

TO: Registration Section  
Division of Corporations

SUBJECT: MADHATTERZ PROFESSIONAL SERVICES 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:

MADHAVA Izquierdo, N  
Name of Person

MADHATTERZ PROFESSIONAL SERVICES LLC  
Firm/Company

3154 BRIGHT DR  
Address

HOLIDAY, FL 34691  
City/State and Zip Code

MADHATTERZ76@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COBBYN K CLATT at (727) 485-6909  
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 Address:**

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

TO  
ARTICLES OF ORGANIZATION  
OF

MADHATTERZ PROFESSIONAL SERVICES 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 10-25-2018 a  
Florida document number L18000251752

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 abbreviat

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*Zip*

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 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 filing 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title

Name

Address

1

AMBR

Jaganatha Izquierdo


1030 DEAL LANE  
HOLIDAY, FL 34691

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(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 28 CFR 1.106(c)(2), a date other than the date of filing: \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the requirements of 28 CFR 1.106(c)(2), the date of filing will be used.

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.

  
Signature of a member or authorized representative of a member

Michael Izquierdo  
Typed or printed name of signee