

H19000364077 3

L19000364077 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

((H19000364077 3))



H190003640773ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
File Number : 18190017-0183

From: Account Name : TAXLEAF.COM INC
Account Number : 120140000003
Phone : (305)541-1980
Fax Number : (888)772-6108

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MARTIN & MENEGUETI LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2019 DEC 18 PM 2:16
FALLAHASSI, FLORENCE

2019 DEC 18 PM 2:16

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H19000364077 3

H19000364077 3
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MARTIN & MENEGUETI 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 02/12/2019 and assigned
Florida document number L19000042929

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)

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:

New Registered Office Address:

Enter Florida 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

FILED
DEC 18 PM 2:16
TALLAHASSEE FLORIDA

FILED

H19000364077 3

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	DE OLIVEIRA, MARCOS R	3111 N UNIVERSITY DR STE 105	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MENEGUETI GOMES, MICHELLE	3111 N UNIVERSITY DR STE 105	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

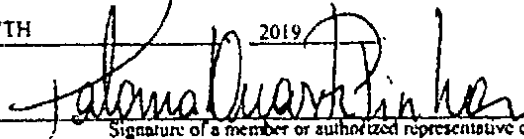
H19000364077 3

H19000364077 3

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

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 DECEMBER 17TH 2019


Signature of a member or authorized representative of a member

PALOMA D. PINHA

Typed or printed name of signee