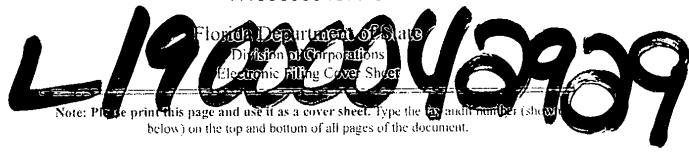
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Division of Corporations

Fac Number : (850)617-6383

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Account Name : TAXLEAF.COM INC Account Number : 120149600084 Phone : (305)541-3980 : :886)772-6108 Fax Number

have produced by the control of the

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

Email Address:

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### MARTIN & MENEGUETI LLC

Certificate of Status	0
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# H19000364077 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARTIN & MENEGUETI LLC	, the second	
(Name of the Limited Lability Con (A Florida Limite	nosay sa it non anorars on our records.) rd Liability Company)	<del></del>
he Articles of Organization for this Limited Liability Compa	ny were filed on 02/12/2019	and assigned
lorida document number L19000042929	•	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited it	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the a	obreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	L	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
•		
		ak
If amending the registered agent and/or registered egistered agent and/or the new registered office address !	t office address on our records, enter	the name of the Box
Name of New Registered Agent:		<u> </u>
		ကိုး ထ
New Registered Office Address:	Enter Florida street address	0
•	Florida	등 <b>%</b>
	City FIGURE	Zip Code
		· O-

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 Recistered 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>	Name	Address	Type of Action
AMBR	DE OLIVEIRA, MARCOS R	3111 N UNIVERSITY DR STE 105	D Add
		CORAL SPRINGS, FL 33065	≅ Remove
			Change
AMBR	MENEGUETI GOMES, MICHELLE	3111 N UNIVERSITY DR STE 105	<b>□</b> Add
		CORAL SPRINGS, FL 33065	■ Remove
			O Change
<del></del>			D Add
			☐ Remove
			C) Change
			O Add
			☐ Remove
			Change
			D Add
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			☐ Remove
			Change

Page 2 of 3

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en effecti ote: If	re date, if other than the date of filing:  ctive date is fixed, the date must be specific and cannot be prior to date of filing or if  f the date inserted in this block does not meet the applicable statutory filing  nt's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605,0207 ng requirements, this date will not be listed as
recor	ord specifies a delayed effective date, but not an effective 90th day after the record is filed.	time, at 12:01 a.m. on the earlier o
ated Di	DECEMBER 17TH 2019	·
	Signature of a member or authorized representative	c of a member

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