

L19000163872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

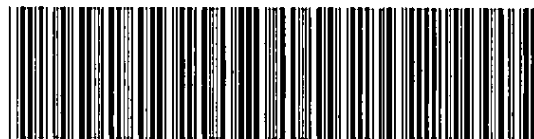
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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2023 SEP 12 AM 10:26  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT

SEP 12 2023  
A. HUNT  
09/12/23

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from account: 120210000160: 25.00

Authorization Signature: *Juan Llanos*  
LLANOS & MARTINEZ LLC L19000163972  
Business Document #

     Certified copy of

     Certificate of Status

**NEW FILINGS**

     Profit Corp  
     Not for Profit  
     Officer/Director  
     Limited Liability  
     Domestication  
     Other  
     **CORP**  
     **LLLP**

**OTHER FILINGS**

     Annual Report  
     Fictitious Name  
     APOSTILLE:

**AMENDMENTS**

X Amendment  
     Resignation of R.A.  
     Articles of Dissolution  
     Change of Registered Agent  
     Revocation of Dissolution  
     Merger  
     Conversion  
     Amended and restated Articles  
     Statement of Authority

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DIVISION OF CORPORATE  
REGISTRATION

**REGISTRATION/QUALIFICATIONS**

     Foreign filing  
     Limited Partnership  
     Reinstatement  
     OTHER

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LLANOS & MARTINEZ 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:

ROBERT M. CHISHOLM

Name of Person

ROBERT M. CHISHOLM, PA

Firm/Company

7378 SW 48 STREET, SUITE B

Address

MIAMI, FL 33155

City/State and Zip Code

RMC@CHISHOLMLAW.COM

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

ROBERT M. CHISHOLM

Name of Person

at (305)

Area Code

667-4261

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LIANOS & MARTINEZ 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 JUNE 21, 2019 and assigned  
Florida document number L19000163972.

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)

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STATE  
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**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

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>                   |
|--------------|---------------------|-------------------------|-----------------------------------------|
| MGR          | LEONOR GARRIDO      | 18400 SW 154 STREET     | <input checked="" type="checkbox"/> Add |
|              |                     | MIAMI, FL 33187         | <input type="checkbox"/> Remove         |
|              |                     |                         | <input type="checkbox"/> Change         |
| MGR          | MARIA PINZON IREGUI | 121 CRANDON BLVD., #450 | <input checked="" type="checkbox"/> Add |
|              |                     | KEY BISCAVNE, FL 33149  | <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         |
|              |                     |                         | <input type="checkbox"/> Add            |
|              |                     |                         | <input type="checkbox"/> Remove         |
|              |                     |                         | <input type="checkbox"/> Change         |

2008 SEP 12 PM 2:40  
FIDELITY  
SECURITIES OF FLA  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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.

Dated SEPTEMBER 11, 2023

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ADOLFO LLANOS

Typed or printed name of signee