

120 000163047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

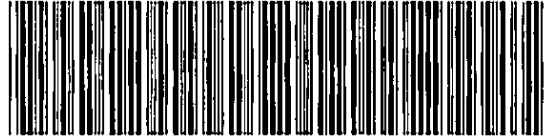
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 03 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAJOR DEBT NEGOTIATORS 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:

MARLON QUEZADA

Name of Person

MAJOR DEBT NEGOTIATORS LLC

Firm Company

PO BOX 297633

Address

PEMBROKE PINES FL 33029

City/State and Zip Code

MARICELLULULI1@GMAIL.COM

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

For further information concerning this matter, please call:

MARLON QUEZADA

786 271-0766
at ()

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

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ars on our records.)

(A Florida Limited Liability Company)

JUNE 12, 2020

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

_____, Florida _____
City Zip Code

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>
AR	MARLON QUEZADA	20891 NW 22 CT	<input type="checkbox"/> Add
		PEMBROKE PINES FL 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	MARLON QUEZADA	20891 NW 22 CT	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES FL 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

CORRECTING MY POSITION IN THE COMPANY, MARLON QUEZADA MY POSITION IS MEMBER.
I'M THE OWNER OF THE COMPANY.

2021 JAN 20 PM 1:27

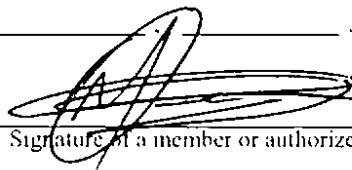
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 12/31/2020



Signature of a member or authorized representative of a member

Typed or printed name of signee