

L21000094945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

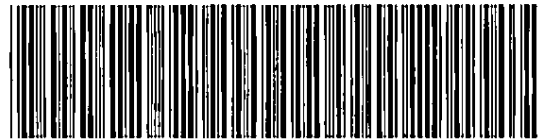
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
2021 SEP 28 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2021 SEP 28 PM 3:52  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

Please use funds from ACCT. I20210000160 Amount: 25.00

Authorized Signature: 

**Corporation Name & Document Number, (if known):**

1. MARTORELL CAMILA ENTERPRISES LLC I21000094945  
(Business Name) Document

☐ Walk in ☐ Pick up time ☐  
☐ Mail out ☐ Will wait  
☐ Photocopy  
☐ **Certified Copy**  
☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**

**AMMENDMENTS**

☒ **Amendment**  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ **Conversion**

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
☐ APOSTIL ( ) \_\_\_\_\_  
Country

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Other

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

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MARTORELL CAMILA ENTERPRISES 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:

JEREMIAS MARTORELL

Name of Person

MARTORELL CAMILA ENTERPRISES LLC

Firm/Company

21011 JOHNSON STREE. SUITE 110

Address

PEMBROKE PINES, FL 33029

City/State and Zip Code

DOR@MARTORELLOFFICE.COM

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

For further information concerning this matter, please call:

JEREMIAS MARTORELL

Name of Person

at ( 786 )

Area Code

586-7927

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

**MARTORELL CAMILA ENTERPRISES 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 02/28/2021 and assigned  
Florida document number L21000094945.

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

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>
<u>MGRM</u>	<u>CAMILA MARTORELL</u>	<u>21011 JOHNSON STREET SUITE 110</u>	<input type="checkbox"/> Add
		<u>PEMBROKE PINES, FL 33029</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2021 SEP 28 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FL

SECRETARY OF THE  
TALLAHASSEE

2021 SEP 28 AM 8:31

FILED

**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 11 September 09, 2021

September 09, 2021

Signature of a member or authorized representative of a member

**JEREMIAS MARTORELL**

Typed or printed name of signee