

C21000188231

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 fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000339098 3)))



H220003390983ABC3

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
Fax Number : (850)617-6383

From: Account Name : GOYENECHEA PROFESSIONAL SERVICES LLC
Account Number : I20190000078
Phone : (561)341-1582
Fax Number : (561)264-6286

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

Email Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 OCT -4 AM 10:49

2022 OCT -4 AM 10:30

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MARYMAN INVESTMENT GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

J DENNIS

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MARYMAN INVESTMENT GROUP 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:

PABLO E GOYENECHEA

Name of Person

GOYENECHEA PROFESSIONAL SERVICES LLC

Firm/Company

3175 S CONGRESS AVE, SUITE 305-C

Address

PALM SPRINGS, FLORIDA 33461

City/State and Zip Code

admin@gpscontador.com

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

For further information concerning this matter, please call:

PABLO E GOYENECHEA

561

341-1582

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARYMAN INVESTMENT GROUP 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 04/22/2021 and assigned
Florida document number L21000188231.

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:

GPS CONTADOR

New Registered Office Address:

3175 S CONGRESS AVE, SUITE 305-C

Enter Florida street address

PALM SPRINGS

Florida

33461

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.

Pablo Goyenechea

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	DI PARDO, NICOLAS	7160 102ND LN	<input type="checkbox"/> Add
		SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR, AMBR	CORRALES, ALBERTO S	7160 102ND LN	<input type="checkbox"/> Add
		SEMINOLE, FL 33772	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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 October 31st, 2022

Nicolas Di Pardo

Signature of a member or authorized representative of a member

DI PARDO, NICOLAS

Typed or printed name of signee

Filing Fee: \$25.00