

3/5/24, 2:41 PM

Division of Corporations

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**L220032154**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : AMERICAS TAX CORP  
Account Number : I2022000190  
Phone : (407)880-2300  
Fax Number : (407)703-7625

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

Email Address: AMERICASETAX@OUTLOOK.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**MRM ARMENIA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

**RECEIVED**

2024 MAR 12 AM 9:55

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 MAR 12 PM 12:53  
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TALLAHASSEE, FLORIDA

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T. LEMIEUX  
MAR 13 2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MRM ARMENIA 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:

RAFAEL A MARTINEZ

Name of Person

MRM ARMENIA

Firm/Company

2549 CADILLAC AVE

Address

ORLANDO FL 32818

City/State and Zip Code

AMERICASETAX@OUTLOOK.COM

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

For further information concerning this matter, please call:

MARIA LEDESMA

407  
at ( )

8802300

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

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>
AMGR	MARCOS RAMIREZ	2549 CADILLAC AVE ORLANDO FL 32818	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GABRIEL CALDERON	2969 TUPELO LOOP ST. CLOUD FL 34771	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GABRIEL CALDERON	2969 TUPELO LOO, ST CLOUD FL 34771	<input type="checkbox"/> Add
			<input checked="" 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

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

F. 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 (2)(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 MARCH 05 2024

RAFAEL A MARTINEZ

Signature of a member or authorized representative of a member

RAFAEL A. MARTINEZ

Typed or printed name of signee

**Filing Fee: \$25.00**