L22000464636

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2023 JUL 19 PK 1:0

COVER LETTER

	istration Ser ision of Cor			
am nor		NTERPRISES FL LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	I Articles of .	Amendment and fee(s) are subt	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	o the following:	
		LOYDA LIVAS		
			Name of Person	
		SIMPSON BOOKKEEPIN	G SERVICES	
			Firm/Company	
		1164 STROUPE ROAD		
			Address	
		KISSIMMEE, FL 34744		
			City/State and Zip Code	
		LER.UNIDOS@YAHOO.C	OM to be used for future annual rep	ort notification)
For further i	nformation c	concerning this matter, please of		or nounceurs,
LOYDA LI	VAS		407 709-3	307
	Name o	of Person	at () Area Code	Daytime Telephone Number
Enclosed is	a check for t	he following amount:		
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addre egistration		<u>Street Addı</u> Registrati	ress: on Section
Di	ivision of C	Corporations	Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUL 19 PM 1:0, MARTE ENTERPRISES FL 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 $\frac{10/28/2022}{1}$ Florida document number L22000464636 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:

JOSE ESTEVEZ

New Registered Office Address:

120 W. COMPTON AVENUE

Enter Florida street address

ORLANDO

_____, Florida 32806 Zap 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 herely 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>	Address	Type of Action
AMBR	GRITIAN MARTE	120 W COMPTON AVENUE ORL FL 32806	□Add
			≡ Remove
ANGOD			□Change
AMBR	JOSE ESTEVEZ	120 W COMPTON AVENUE ORL FL 32806	= Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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(If an offe Note: 1	te date, if other than the date of filing:
he record ord is file	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 d.
Dated _	7/12 . 3023 .
	Signature of a member or authorized representative of a member