

# L230000178332

Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CITI TAXES LLC  
Account Number : I20230000131  
Phone : (305)803-4427  
Fax Number : (305)402-6230

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

Email Address: citi.taxes@yahoo.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MERCHETTA INTERNATIONAL LLC

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

**COVER LETTER**

H24000081002

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MERCHETTA INTERNATIONAL 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.

ARMANDO VASQUEZ

\_\_\_\_\_  
Name of Person

CITI TAXES LLC

\_\_\_\_\_  
Firm/Company

5721 NW 112TH AVE APT 108

\_\_\_\_\_  
Address

DORAL, FL 33178

\_\_\_\_\_  
City/State and Zip Code

CITITAXES@YAHOO.COM

\_\_\_\_\_  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

ARMANDO VASQUEZ

305 803-4427

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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)

☐ \$50.00 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

850-617-6381

3/4/2024 5:04:08 PM PAGE 1/001 Fax Server



March 4, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CITI TAXES LLC

SUBJECT: MERCHETTA INTERNATIONAL LLC  
REF: L23000178332

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Corrections were not made from the previous rejection. Type of action must be listed for each manager/member listed.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS  
Regulatory Specialist III

FAX Aud. #: H24000081002  
Letter Number: 624A00004730

2024 MAR -5 PM 12:55

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MERCHETTA INTERNATIONAL LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

H24000081002  
2024 MAR -5 PM 1:05  
FILED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/11/2023 and assigned  
Florida document number L23000178332.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ANNGELLOZ GROUP LLC

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:**

3403 NW 82ND AVE SUITE 101A

**(Principal office address MUST BE A STREET ADDRESS)**

DORAL, FL 33122

**Enter new mailing address, if applicable:**

3403 NW 82ND AVE SUITE 101A

**(Mailing address MAY BE A POST OFFICE BOX)**

DORAL, FL 33122

**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:

ABILIO DUARTE

New Registered Office Address:

3403 NW 82ND AVE SUITE 101A

*Enter Florida street address*

DORAL

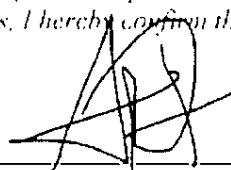
*City*

Florida 33122

*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**

H24000081002

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H24000081002

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ABILIO DUARTE	3403 NW 82ND AVE SUITE 101A	<input checked="" type="checkbox"/> Add
		DORAL, FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MERCES I VASCONCELOS	7300 NW 114TH AVE APT 203	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANTONIO J VASCONCELOS	7300 NW 114TH AVE APT 203	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

FILED  
2024 MAR -5 PM 1:05  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

H24000081002