L23000512438

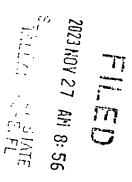
(Requestor's Name)
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(Document Number)
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	gistration Se vision of Cor			
SUBJECT:	MARTINE	Z'S BROKER LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub	emitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Jorge Raul Perez Arredono	do	
			Name of Person	
		• • ••	Firm/Company	
		10600 SW 171st ST		
			Address	
		Miami, FL 33157		
			City/State and Zip Code	
		martinezsbrokerlle@gmail.	com to be used for future annual report noti	fication)
For further i	nformation co	oncerning this matter, please ca	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Jorge Raul	Perez Arredor	ndo	786 8036723	
	Name of	Person		e Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re	illing Address gistration S vision of Co	ection	Street Address: Registration Se Division of Cor	
<i>U</i> 1	· ioioii oi Cl	- poraciona	Division of Cor	parations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF ·

FILED

MARTINEZ'S BROKER LLC

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

The Articles of Organization for this Limited I	Liability Compan	y were filed on _	11/13/2023	TATE and assigned
Florida document number L23000512438				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lia	bility company	<u>here</u> :	
MARTINEZS BROKER LLC				
The new name must be distinguishable and contain the	words "Limited Liab	pility Company," the	designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ess_here:	address on our	records, enter the	e name of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Fl	orida street address	
			, Floric	ia
		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 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
	N/A		\ \tag{\text{\tint{\text{\tin}\text{\ti}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\tint{\texi}}\tint{\text{\text{\text{\text{\text{\text{\text{\texi}\tint{\text{\text{\text{\text{\texi}\tint{\text{\tiin}\tint{\tiin}\tint{\text{\text{\text{\tin}}\tiint{\text{\text{\texit{\
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			□Remove
			[]Change

N/A	

fective	date, if other than the date of filing: (optional)
in effectiv	re 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 (needate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
cument	s effective date on the Department of State's records.
ecord sp	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
ited	uary 7th 2024
	What I want
	Signature of a member or authorized representative of a member
	Jorge Raul Perez Arredondo
	Control of the contro

•

Filing Fee: \$25.00



December 19, 2023

JORGE RAUL PEREZ ARREDONDO 10600 SW 171 ST MIAMI, FL 33157

SUBJECT: MARTINEZ'S BROKER LLC

Ref. Number: L23000512438

We have received your document for MARTINEZ'S BROKER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 523A00028848

Anissa Butler Regulatory Specialist II

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