

L24000031913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

TG

Office Use Only



900426923859

04/09/24--01021--007 **25.00

4/17/24
4/17/24

24 APR 24 PM 1:40

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARTINEZ GROUP PROPERTIES 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:

BLANCA MILENA QUINCHIA MARTINEZ

Name of Person

Firm/Company

3068 PATTERSON GROVES DR

Address

HAINES CITY, FL 33847

City/State and Zip Code

PROPERTIESMARTINEZLLC@GMAIL.COM

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

For further information concerning this matter, please call:

BLANCA MILENA QUINCHIA MARTINEZ

863 247 1528

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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>
MBR	DOLLY MARTINEZ ROJAS	7862 W IRLO BRONSON MEMORIAL HWY	<input checked="" type="checkbox"/> Add
		SUITE 20	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34747	<input type="checkbox"/> Change
MBR	MILTHON E.MARTINEZ ROJAS	7862 W IRLO BRONSON MEMORIAL HWY	<input checked="" type="checkbox"/> Add
		SUITE 20	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34747	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 (3)(b)

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.

2024

Signature of a member or authorized representative of a member

BLANCA MILENA QUINCHIA MARTINEZ

Typed or printed name of signee

Filing Fee: \$25.00