L24000 190099

(Re	questor's Name)	
DA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		

Office Use Only



300421346733

##25.00 ***#**25.00 ***#**25.00

ALL AHASSEL, FLOADA
SECRETARY OF STATE

2024 MAY 20 AM 10:

RECEIVED

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		PICK UP:	BROOK 4/5	
		CERTIFIED COPY		
	XX	РНОТОСОРУ		
		GS		
	XX	FILING	STATEMENT OF CORRECTION	
1.		GRUPO MARTINES & ASSOCIATES, LLC		
		(CORPORATE NAME AND DOCUMEN	ζΤ #)	
2.		(CORPORATE NAME AND DOCUMENT #)		
		(CORPORATE NAME, AND DOCUME.)	N 1 #)	
3.		(CORPORATE NAME AND DOCUMEN	\$\tau_{\text{H}}\)	
4.		(CORPORATE NAME AND DOCUMEN	Υ(1° #)	
_				
5.		(CORPORATE NAME AND DOCUMENT #)		
6.				
0.		(CORPORATE NAME AND DOCUMENT #)		
SPECIAL INSTRUCTIONS:				

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. GRUPO MARTINEZ & ASSOCIATES, LLC FIRST: The name of the limited liability company is: SECOND: The Florida Document number of the limited liability company is: ARTICLES OF ORGANIZATION Document to be corrected is:__ THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: THE NAME OF AMBR GUERRERO MARTINEZ, FILOMENO SHOULD BE CORRECTED TO MARTINEZ GUERRERO, FILOMENO. THE SURNAMES WERE INVERTED IN THE ORIGINAL FILING. <u>OR</u> Ø Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR \Box The electronic transmission of the record was defective. /s/ Filomeno Martinez Guerrero 05/20/2024 Signature of Authorized Representative Date Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign

accepting the designation).

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.

Registered Agent's Signature

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)