

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H240003828853

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To:

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

From:

Account Name : EXPERTAX
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Phone : (407)777-7470
Fax Number : (321)206-9743

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ACOSTA & MEJIA ASSOCIATES LLC

Certificate of Status	1
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Corporate Filing Menu

Help

Correction Per E-Mail with Angela (Expertax Financial)

K. SALY

11/21/2024

KS

NOV 20 2024

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2024 NOV 19 PM 4:28

RECEIVED
TALLAHASSEE, FLORIDA

NOV 19 PM 1:40

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACOSTA & MEJIA ASSOCIATES 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:

ROBERTO ALEJANDRO ACOSTA BELTRAN

Name of Person

Firm/Company

10335 NW 68TH STREET

Address

DORAL, FL 33178

City/State and Zip Code

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

For further information concerning this matter, please call:

ROBERTO ALEJANDRO ACOSTA BELTRAN

at (954) 326-2166
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)

☐ \$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

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

FILED
2024 NOV 19 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACOSTA & MEJIA ASSOCIATES 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 10/16/2024 and assigned
Florida document number L24000439974.

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:

ROBERTO ALEJANDRO ACOSTA BELTRAN

New Registered Office Address:

10335 NW 68TH STREET

Enter Florida street address

DORAL

City

, Florida 33178

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.

Roberto Acosta

If Changing Registered Agent, Signature of New Registered Agent

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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>
AMBR	ROBERTO ALEJANDRO ACOSTA BELTRAN	10335 NW 68TH STREET	<input type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PAOLA ANDREA MEJIA GOME	10335 NW 68TH STREET	<input type="checkbox"/> Add
		10335 NW 68TH STREET	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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JULIA H. BARNES

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

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SECURITY DIVISION
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

[Dated 11/18/2024]

Roberto Acosta

Signature of a member or authorized representative of a member

ROBERTO ALEJANDRO ACOSTA BELTRAN

Typed or printed name of signee

Filing Fee: \$25.00

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