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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MARTINS & DAVIS 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:
Jzabel Martins Name of Person
Martins & Davis Intenational, LLC Firm/Company
150 Sunny Isles BLVD TOWER & UNIT 906 Address
Sunny Isles, FL. 33160 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jzabel MARTINSat (407)722 0009Name of PersonArea CodeDaytime Telephone Number
Enclosed is a check for the following amount:
∑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARTINS & DAVIS JOIN (Name of the Limited Liability Comp (A Florida Limited	TERNATIONA LLC. any as it now appears on our records.)	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on <u>05/18/20</u>	and assigned
Florida document number <u>L1000053946</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
MARTINS & MARTINS INTERNA The new name must be distinguishable and contain the words "Limited Liab	ITIONAL LLC.	- North Company of the Company of th
The new name must be distinguishable and contain the words "Limited Liab	inty Company, the designation TEC or the	appreviation 11C.
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)		
Manny Marces Mill DE 11 OST OTTIOE DON		
B. If amending the registered agent and/or registered office	address on our records, enter the na	ime of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		2021 3FC
	Enter Florida street address	5
	, Florida	
	City	71 P. Zip Code

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 familial 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

New Registered Agent's Signature, if changing Registered Agent:

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
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_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
the recor cord is fi	d 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 ed.
Dated	NOVEMBER 12. 2021. Belluartins.
	Belliactins.
	Signature of a member or authorized representative of a member
	JZABEL MARTING Typed or printed name of signee