

G12864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

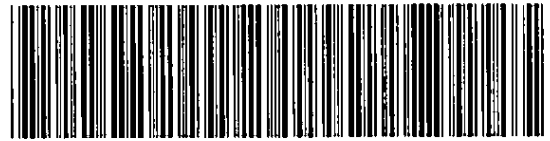
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2020

ROBERT C. MARTIN
319 SE 14TH STREET
FORT LAUDERDALE, FL 33316-1929

SUBJECT: MARTIN & BENNIS, P.A.
Ref. Number: G12864

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 520A00002394

LAW OFFICES
MARTIN & MARTIN, P.A.

ROBERT C. MARTIN
ROBERT C. MARTIN, JR.

319 SOUTHEAST 14TH STREET
FORT LAUDERDALE, FLORIDA 33316-1929

FAX (954) 522-8610
TELEPHONE (954) 524-5331

February 12, 2020

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Attn: Darlene Connell

Re: Martin & Bennis, P.A./General/
Articles of Amendment & Fictitious Name

Dear Darlene:

Enclosed please find the following:

1. Articles of Amendment to Articles of Incorporation;
2. Application for Registration of Fictitious Name; and
3. Our check in the sum of \$50.00 made payable to Department of State for the Fictitious Name Filing

Please file these documents and provide us with a file stamped copy of same.

Should you have any questions, please feel free to contact me.

Very truly yours,

MARTIN & MARTIN, P.A.



Robert C. Martin

RCM:skk
enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MARTIN & BENNIS, P.A.

DOCUMENT NUMBER: G12864

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert C. Martin
Name of Contact Person

MARTIN & BENNIS, P.A.
Firm/ Company

319 S.E 14th Street
Address

Fort Lauderdale, Florida 33316-1929
City/ State and Zip Code

bob@martinandbennis.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert C. Martin at (954) 534-5331
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

MARTIN & BENNIS, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

G12864

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

MARTIN & MARTIN FLORIDA ATTORNEYS, P.A.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: N/A, Florida
(City) (Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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SECRETARY OF STATE
DIVISION OF CORPORATE AND
FINANCIAL SERVICES
2020 JAN 13 AM 10:17

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>VTD</u>	<u>Randy M. Bennis</u>	<u>319 S.E. 14th Street</u>
<input type="checkbox"/> Add			<u>Ft. Lauderdale, FL 33316</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VD</u>	<u>Robert C. Martin, Jr.</u>	<u>319 S.E. 14th Street</u>
<input checked="" type="checkbox"/> Add			<u>Ft. Lauderdale, FL 33316</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

The date of each amendment(s) adoption: 12/31/19, if other than the date this document was signed.

Effective date if applicable: 12/31/19
(no more than 90 days after amendment file date)

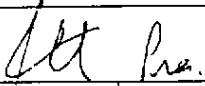
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____."
(voting group)

Dated 12/31/19

Signature 
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ROBERT C. MARTIN

(Typed or printed name of person signing)

President

(Title of person signing)