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J. BRYAN

AUG -7 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MARTAGE 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:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jeff Blinn Name of Person
MBAFLLC Firm/Company
1001 Brickell Bay Dr. 9th Floor
Miani Florida 33131 Clty/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Name of Person Name of Person Name of Person Area Code & Daytime Telephone Number
Ency sed is a check for the following amount:
\$25.00 Filing Fee Solution Filing Fee & Solution Status Solution Status Solution Fee & Solution Status Solutio

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARTE	16 LLC	
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears of da Limited Liability Company)	<u>n our records.</u>)
The Articles of Organization for this Limited Liability Florida document number		V. Z1, 2006 and assigned
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		老 1
(Principal office address MUST BE A STREET AD	DRESS)	THE DE LOT
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter	Florida street address
		, Florida
	City	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 608, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amendin or Managir	ng the Managers or Managing Members on ng Member being added or removed from	n our records, enter the title, name, and addre	ess of each Manage
MGR = M			
<u>Title</u>	Name	Address	Type of Action
MGR	CLAUDIA TAGLIAFERRO	1001 Brickell Bay Dr 94 FL Miam. Fr 33131	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter change((s) here: (Attach additional sheets, if necessary.)	- .
 		SECKE SSE	FILED PH 3: 53
Dated	- JULY 20, ZO	12.	R 3: 53
	JEFF.	Bunner of signer	

Page 2 of 2

Filing Fee: \$25.00