

LE7000021094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

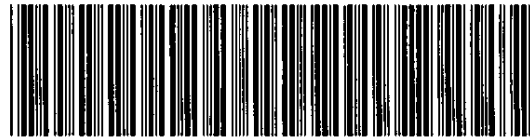
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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COLUMBIA

S. POSTICK

AUG 22 2014

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **MARS, 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:

**TROY FIRMAN**

Name of Person

**MARS, LLC**

Firm/Company

**15635 HUDSON AVE**

Address

**SPRING HILL, FL 34610**

City/State and Zip Code

**TFIRMAN@MARSLLC.NET**

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

For further information concerning this matter, please call:

**TROY FIRMAN**

Name of Person

at **727 378-5889**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|---|--|

**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

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

MARS, 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 2/26/2007 and assigned  
Florida document number L07000021094.

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 end with 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)

15635 HUDSON AVE  
SPRING HILL, FL 34610

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15635 HUDSON AVE  
SPRING HILL, FL 34610

**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:

TROY FIRMAN

New Registered Office Address:

15635 HUDSON AVE

Enter Florida street address

SPRING HILL

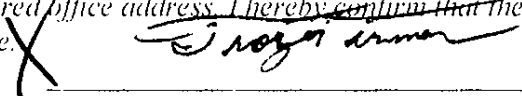
City

. Florida 34610

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.*

  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	CARISSA PAINTER	8909 NEW ALEXANDRIA LOOP	<input type="checkbox"/> Add
		NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Remove
MGR	MIRANDA MONAHAN	5403 74TH PLACE EAST	<input checked="" type="checkbox"/> Add
		ELLENTON, FL 34222	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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JULIA A. BROWN

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

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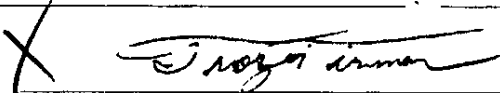
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 19 2014

X 

Signature of a member or authorized representative of a member

TROY FIRMAN

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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2014 AUG 21 P 4:21  
CLERK OF THE COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
MIAMI, FLORIDA