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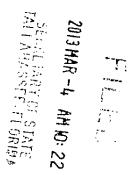
(Req	uestor's Name)	
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(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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J. SAULSBERRY

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Eric Martin Design & 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:

Eric Martin

Name of Person

Eric Martin Design & Associates, LLC

Firm/Company

733 Briar View Drive

Address

Orange Park, FL 32065

City/State and Zip Code

eric.martin@martindesign.co

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

For further information concerning this matter, please call:

Eric Martin

__904**、458-732**7

Name of Person

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eric Martin Design & Associates (Name of the Limited Liability)		our records)		
(A Florida	ity Company as it now appears on a Limited Liability Company)	rour records.		
The Articles of Organization for this Limited Liability Florida document number <u>L10000098535</u>	Company were filed on Octob	er 7, 2010	_ and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
Martin Design, LLC				
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company,"	the designation "LL	C" or the a	bbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	DRESS)			
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	MAR	the state of the s
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Enter new mailing address, if applicable:			√ † ⊇ >	-
(Mailing address MAY BE A POST OFFICE BOX)	-	=;	5	
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		ا نیب) ۱۲۵۰-	<u>, ~</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		records, enter the	name o	f the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter I	Florida street addre:	ss	
		, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
			Add		
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			Remove		

If ame	nding any other information.	, enter change(s) here	: (Attach additional sheets, if nece	essary.)
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ed		, <u></u> ,		
	En Z. Sim	ti	ized representative of a member	
	Signatur Eric Mortin	ire of a member or author	ized representative of a member	
	Eric Martin	Typed or printed	name of signee	
		1 J ped of printed	name of signee	

Page 3 of 3

Filing Fee: \$25.00

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