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## **COVER LETTER**

TQ:	Registration Section Division of Corporations	»« <del>"</del>	
SUBJE	CCT: MARTHOM LLC		
	Name of Limited Liability Company		
The en	closed Articles of Amendment and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Thomas M. Buntin Name of Person		
	MARTHOM LLC Firm/Company	<del></del>	
	PARKER, CV. SUISS  City/State and Zip Code  That we but a graher com  E-mail address: (to be used for future annual report notification)	0 81139	
	PARKER, CV. 80138	<u>.</u>	
	City/State and Zip Code  The Bouting By Ahro. (WW  E-mail address: (to be used for future annual report notification)		
For fur	ther information concerning this matter, please call:	ा हिंह	
1	Name of Person Debbie Bontin at (313) 565-603/ Area Code & Daytime Telephone	e Number	13 007 25
Enclos	ed is a check for the following amount:		D College
\$25	Certificate of Status Certified Copy (additional copy is enclosed)	50.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is	r <b>\)</b> is &

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

MARTHON	LERE LI	- C		
(Name of the Limited Liability Com (A Florida Limite	pany as it now at	opears on our records.	)	
The Articles of Organization for this Limited Liability Compa	ny were filed on		and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company	y here:		
		<del></del>		
The new name must be distinguishable and end with the words "Li" "L.L.C."	imited Liability C	ompany," the designation	on "LLC" or the	abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	1			
Enter new mailing address, if applicable:		;	( <u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				
			22 0	¥ !!
			ಪ್ರೇಶ್ ೧೧	कु र <b>११म</b> हो
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		on our records, en	ter the name	of the new
registered agent and/or the new registered orince address in	<u>iei e</u> .			e want
			型点。 <del>在</del>	Sales and
Name of New Registered Agent:				
New Registered Office Address:				
Trem registarios Office From 635.		Enter Florida street	address	
		E79 * 2	_	
	City	, Florid	aZip Cod	le

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 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>Address</u> <u>Name</u> Type of Action 11034 Black WOLF PARKER LO X Add Alexis Boutin Remove Remove Remove Remove Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Dated _	Get 14 17, 2013.
	Jum M. Bout
	Signature of a member or authorized representative of a member
	Thomas Boutin

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Filing Fee: \$25.00

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