112000083135

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

	istration Secti sion of Corpo							
SUBJECT:	MAR	TINE	CON	STRU	COION	20	112	LLC
SUBJECT			ame of Limit					
The enclosed	Articles of Ar	nendment and f	ee(s) are sub	mitted for f	iling.			
Please return	all correspond	ence concerning	g this matter	to the follo	wing:			
		Mis	vel F	- MIR	CABAL of Person			
			<u>'</u>	Name	e of Person			
		Gl	105el	lea	2			
				Firm	/Company			
		265	55 L	eieuv	ie Roc	d 5	wite	412
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		CORA	L GAE	3LES,	331	34,1	=L	
		mmir	obal	City/State	and Zip Code LoSol Co r future annual	galn	nian	m·com
For further in	formation con-	cerning this mar	`		i luture aimuai	report nour	ication)	
Misu	el F. M	HIRABA	C	at (305,	773	101	0
	Name of P	erson			Area Code	Daytime	Telephor	ne Number
Enclosed is a	check for the	following amou	ınt:					
\$25.00 Fi	ling Fee	□\$30.00 Filing Certificate		Cert	0 Filing Fee & lified Copy litional copy i			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

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MARTINEZ CONSTRUCTION

25 PART OF STATE PROBASSE LEIGHDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number <u>L1200083135</u> . This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
	NIΔ	
The new name must be distinguishable and end with the words 'L.L.C."	e service and the service and	
Enter new principal offices address, if applicable:	<i>N</i>	1A
(Principal office address MUST BE A STREET ADDRES		
Enter new mailing address, if applicable:		NIA
(Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:	ss here:	records, enter the name of the new
New Registered Office Address:		
		Florida street address
	City	, Florida Zip Code
		Zip Code
New Registered Agent's Signature, if changing Registered A		
New Registered Agent's Signature, if changing Registered A learning land and learning land agent and correlations of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete performance of my a nt as provided for in Chapi	luties, and I am familiar with and ter 605, F.S. Or, if this document is
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my a nt as provided for in Chapi office address, I hereby co	luties, and I am familiar with and ter 605, F.S. Or, if this document is

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

iMGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	HARTINE, SOLEDAD	2930 Bisiony ne Blud	Add
		2930 Bissoyne Blud Miamui, FL 33137	Remove
			Add
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Page 2 of 3

<u> </u>	N/A	<u> </u>			
,			, <u>, , , , , , , , , , , , , , , , , , </u>		
ffective date, if	other than the date	of filing:	2u 1st	2013 _{(opt}	tional)
effective date i	other than the date s listed, the date mus	of filing: <u>Jol</u> t be specific and car	2u 1st	2013 (opt	tional) ng.) (605.0207 (.
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