

L12000140341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

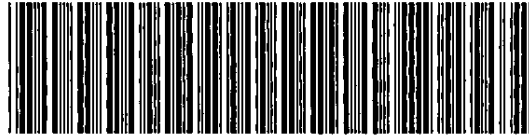
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FILED  
12 DEC 31 PM 3:42  
SECRETARY OF STATE  
TAMM HALL, 600 N. 3RD ST.  
ANN ARBOR, MI 48106

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 5306 MARTIN 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:

Michael T. Heiderman  
Name of Person

JVM Development Corp  
Firm/Company

800 Harbour Dr #4  
Address

Naples, FL 34103  
City/State and Zip Code

michael.heiderman@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Yonker at (239) 331-8405  
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**

FILED

12 DEC 31 PM 3:42

5306 Martin LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Nov. 5, 2012 and assigned Florida document number L12000140341.

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)

800 Harbour Dr. #4

Naples FL 34103

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

800 Harbour Dr. #4

Naples FL 34103

**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:

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JVM Development Corp	800 Harbour Dr #4 Naples, FL 34103	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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Dated \_\_\_\_\_, \_\_\_\_\_.

Krystyna Drewniak  
Signature of a member or authorized representative of a member

Krystyna Drewniak  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**