L13000034253

(Requestor's Name)
(Address)
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, ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	The Marti	n Group RE, LLC		
SCHILL 1.	-	Name of Limi	ted Liability Company	
The enclosed	d Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please return	n all correspon	dence concerning this matter t	to the following:	
		Jason P. Martin		
		•	Name of Person	
		The Martin Group, Ll	_C	
			Firm/Company	
		5950 Imperialakes B	lvd	
			Address	
		Mulberry, FL 33860		
City/State and Zip Code				
		jason@martingroupre		
		E-mail address: (to	o be used for future annual report notifica	ation)
For further is	nformation co	ncerning this matter, please ca	11:	
Jason P.	Martin		863 255-5615	
• • • •	Name of	Person	Area Code Daytime T	Celephone Number
Enclosed is	a check for the	following amount:		
■ \$25.00 F	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



December 23, 2014

JASON P. MARTIN 5950 IMPERIALAKES BLVD MULBERRY, FL 33860

SUBJECT: THE MARTIN GROUP RE, LLC

Ref. Number: L13000034253

We have received your document for THE MARTIN GROUP RE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 814A00027155

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Martin Group RE, 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 03/06/2013 and assigned Florida document number _L13000034253 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Jason P. Martin, LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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 **Title** <u>Name</u> **Address Type of Action** _□ Add □ Remove ☐ Add ☐ Remove Refflore ☐ Remove _□ Add □ Remove

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	nation, enter change(s) here: (Attach additional sheets, if necessary.)
. Effective date, if other than the (The effective date must be specific, cathe date this document is filed by the	the date of filing: January 157 26/5 (optional) annot be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State)
Dated December 30	2014
	1 Md-
Jason P. Martin	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA