

L13 0000051317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600255150936

01/02/14--01008--026 **30.00

FILED
2013 DEC 26 AM 10:59
SECRETARY OF STATE
BALTIMORE, MD

JAN - 2-2014

T CLINE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2013

MATTHEW MARTELL
3018 SE HANSEL AVENUE
ARCADIA, FL 34266

SUBJECT: MTM AGRI BUSINESS LLC
Ref. Number: L13000051317

We have received your document for MTM AGRI BUSINESS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 213A00026390

2013 DEC 26 AM 10:59
RECEIVED
TAMMI CLINE
REGULATORY SPECIALIST II

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MTM Agri Business 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:

Matthew Martell
Name of Person
MTM Agri Business LLC
Firm/Company
3018 SE Hansel Ave.
Address
Arcadia FL 34266
City/State and Zip Code
Martell3406@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Martell at (239) 770-1442
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

RECEIVED
TALLAHASSEE, FL
2013 DEC 26 AM 10:59

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MTM Aari Business 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 2012 and assigned
Florida document number L13000051317

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)

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

City

Florida

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:

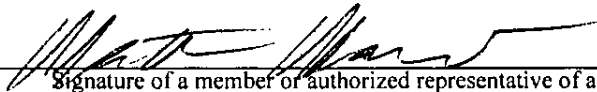
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Shoreland Southwest Investments, LLC	P.O. Box 1526 Arcadia, FL 34265	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Theodore Martell	3018 SE Hansel Ave Arcadia, FL 34266	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2013 DEC 26 AM 10:59
FILED

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

Dated Dec. 15, 2013



Signature of a member or authorized representative of a member

Matthew Martell

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 DEC 26 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED