

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified copies Certificates of Status
Special Instructions to Filing Officer:





09/12/16--01019--008 **30.00





COVER LETTER

TO: Registration Se Division of Cor		ž	
SUBJECT:	Martines Name of Line	group !	Home LLC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
ž .	idence concerning this matter		
	·	Ison L. Ha	3
. •	Mos	Firm Company	Home LLC
P	14918	S. W 15 A	Lane
	Klean	City/State and Zip Code	185
For further information on	E-mail address: (to	o be used for future annual report notifi	cation)
Ma delle Name of	in Ilias E	59 at (305) 670	Telephone Number
Enclosed is a check for the		·	STATE
\$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

10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Martine	2 group Home LLC
(<u>Name of the Limited Lia</u> (A Ele	ability Complany as it now/appears on our records.) orida Limited Liability Contpany)
The Articles of Organization for this Limited Liabilit	ty Company were filed on 10/22/2013 and assigned 377.
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 contain 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 AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re	egistered office address on our records, enter the name of the new
4	
Name of New Registered Agent:	SSE 2 E
New Registered Office Address:	
•	Enter Florida strect address
·	, Florida

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

MGR≔ Ma AMBR= Au	nager thorized Member	•	
<u> </u>	Name	Address	Type of Action
GR MBR	Nelson L.	Haling 14918 S. U	U 15 Lanes Add
MBR		Hating 14918 S. U Alianu FL	33/85 Remove
			Change
			□ Add
			☐ Remove
	,	·	Change
·.			Add
			☐ Remove
			Change
			□ Add
			□ Remove
		·	16 Change F1 SECRET/
			Att Att Remove
			Change
			□ Add
			Remove

_ Change

i	, <u> </u>	
•		
•	•	
•		
_		
-		
_		
-		
_		
_		
		-1.0
-	·	S S
-		- PR
_		- SE 7
_		F. O. S. S.
		0) J. 5
ffecti	ve date, if other than the date of filing:(optiona	I) 2
ote:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date ent's effective date on the Department of State's records.	
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	. on the earlier o
ated .	Argust 11. 2016.	
	Cille	
	Signature of a menuter or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00