# 600175

# Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850:617-6383

Account Name : PANELL LAW GROUP, LLC

Account Number : 120130000088 : (305)513-8606 Phone

\*\*Enter the email address for this business entity to be used for furare annual report mailings. Enter only one email address please. \*\*

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JM MARTIN HOLDINGS, LLC

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### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBBECT

JP MARTIN HOLDINGS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

Eli Panell, ESQ., CPA, CFP(r), LL.M.

Name of Person

PANELL LAW GROUP, LLC

Firm/Company

8750 N W 36th Street, Suite 425

Address

Doral, FL. 33178

City/State and Zip Code

eli@panell-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eli Panell

,305,513-8606

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

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1/13/2014 7:50:35 AM PAGE 1/001 Fax Server



January 13, 2014.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JM MARTIN HOLDINGS, LLC 14240 SW 79TH CT PALMETTO BAY, FL 33158US

SUBJECT: JM MARTIN HOLDINGS, LLC

REF: L13000175297

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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

Tim Burch Regulatory Specialist II FAX Aud. #: B1400000086B Letter Number: 514A00000754

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SECRETARY OF STATE
ALLAHASSEE FLORIDA

1/15/14

P.O BOX 6327 - Tallahassee, Florida 32314

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JP MARTIN HOLDINGS, LLC		
(Nume of the Limited Limbility (A Florida )	Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/19/20	and assigned
Florida document number L13000175297	<b>~'</b>	
This amondment is submitted to amend the following:		
A. If umending name, enter the new name of the limit	ed liability company here:	
JOSEPH M. & MARY LOU MARTIN HOLDING	GS, LLC:	
The new name must be distinguishable and end with the words "Lim	ited Liability Company," the designation	n "LLC" or the abbreviation. "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	SE SE
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	· · · · · · · · · · · · · · · · · · ·	AAA -
Enter new mailing address, if applicable:		SER 5
(Mailing uddress MAY RE A POST OFFICE BOX)		
		251 & C
and the second second second second	The state of the s	25. 4. 20 25. 4. 20
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our re	cords, enter the name of the no
The state of the s		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street	oddress
		. Florida
Account of the second of the s	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 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:

<u> Fitte</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00

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SECRETARY OF STATE