## L14000135384

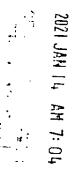
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO:

Registration Section

**Division of Corporations** MARTIN BRABIJAM LEC SUBJECT: 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: MARTIN BRABHAM Name of Person MARTIN BRABHAM LLC Firm/Company 40 POINDEXTER LAND Address PALMECOAST, FL 32164 City/State and Zip Code GMBRABHA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARTIN BRABHAM Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filling Fee & S55.00 Filing Fee & □ \$60,00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy tudditional copy is enclosed). (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations

Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 JAH 14 AH 7: 04

	IARTIN BRABIIA	* *	.;	<u> </u>
( Name of the Limited	d Liability Company A Horida Limited Lii	<u>as it now appears</u> bility Company)	on our records.) ;	: • . 5
The Articles of Organization for this Limited Lia Florida document number 1.14000135384	bility Company w	ere filed on	8/28/2014	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabili	ty company her	<u>'e</u> :	
GEORGE MARTIN BRABIJAM I	J.C			
The new name must be distinguishable and contain the wo	rds "Limited Liability	Company." flie de	signation "LLC" or the	abbreviation "L.L.C"
Enter new principal offices address, if applica	ble:	40 POHNDI	EXTER LANE	
(Principal office address MUST BE A STREET ADDR		PALM COA	ST, FL 32164	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>:(OX)</u>	40 POINDES	CTER LANE ST. F1. 32164	
B. If amending the registered agent and/or registered office address	<u>here</u> :	dress on our re		me of the new register
Name of New Registered Agent.				
New Registered Office Address:	40 POINDE	EXTER LANE	<del>,</del>	
			la street address	
	PALM (		, Florida _	32164
		Cuy		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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

		s. <del>-</del>	7
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<u>Title</u>	<u>Name</u>	Address 2021 JAN 14 AH 7: 04	Type of Action
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(II'an effecti <u>Note:</u> II'	date, if other than the da ve date is listed, the date must be the date inserted in this block is effective date on the Depa	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) sidoes not meet the applicable statutory filing requirements, this date will not be listed as the
te record s ord is filed	pecifies a delayed effective d	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
	JANUARY 11	
Dated		
Dated	ZI.	gnature of a member or authorized representative of a member

Filing Fee: \$25.00