

44000187141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

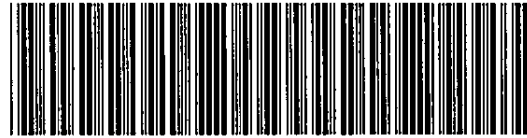
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 08 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARTFED
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:

ROBERTA INSEPPA
Name of Person
MARTFED LLC
Firm/Company
3427 SW 12TH COURT
Address
FORT LAUDERDALE
City/State and Zip Code
rob473PALERMO@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
15 DEC 23 11:16 AM
TALLAHASSEE
FLORIDA

For further information concerning this matter, please call:

ROBERTA INSEPPA at (305) 720 6748
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MARTIFED 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 DEC 8 2014 and assigned Florida document number L14000187141.

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)

3427 SW 12TH COURT
FORT LAUDERDALE FL
33312

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3427 SW 12TH COURT
FORT LAUDERDALE FL
33312

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:

ROBERTA A INSERRA

New Registered Office Address:

3427 SW 12TH COURT

Enter Florida street address

FORT LAUDERDALE

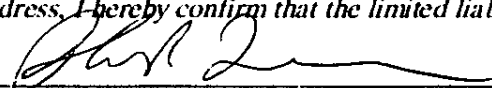
City

Florida 33312

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

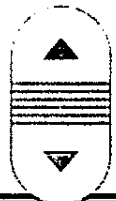
5/6

For the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBERTA INSERPA	3427 SW 12TH CRT	<input type="checkbox"/> Add
		FORT LAUDERDALE FL	<input type="checkbox"/> Remove
		33312	
			<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
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			<input type="checkbox"/> Remove



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

I NEED TO CHANGE THE MGR TITLE
FROM GIOVANNI INSERRA TO ROBERTA
INSERRA
PLEASE REMOVE GIOVANNI INSERRA'S
NAME FROM ALL^{RE} OF THE PAGES FOR THIS LLC.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated DEC 19 2014.



Signature of a member or authorized representative of a member

ROBERTA INSERRA

Typed or printed name of signee

FILED
15 DEC 23 PM 4:07
CLERK OF COURT
JACKSONVILLE, FL