

L15000061982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

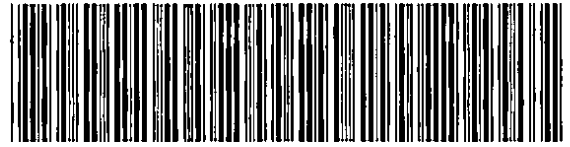
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

8/26

Office Use Only



800331380508

07/01/19--01021--011 **25.00

11:51
DEPT. OF STATE
DIVISION OF CORPORATION
19 AUG 26 AM 9:43

LLC

Amend.

8/28/19

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2019

WILLY BREVET 3RD MAILING
4233 ROTHERHAM CT
PALM HARBOR, FL 34685

SUBJECT: MARTIOU LLC
Ref. Number: L15000061982

We have received your document for MARTIOU LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The designation of the registered agent must be at a Florida street address.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 319A00015788

2019 AUG 26 AM 11:24

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2019

WILLY BREVET
P.O. BOX 1891
PALM HARBOR, FL 34682

SUBJECT: MARTIOU LLC
Ref. Number: L15000061982

We have received your document for MARTIOU LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 319A00015788

RECEIVED

2019 AUG 14 PM 12:04



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2019

WILLY BREVET
P.O. BOX 1891
PALM HARBOR, FL 34682

SUBJECT: MARTIOU LLC
Ref. Number: L15000061982

We have received your document for MARTIOU LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 719A00014218

RECEIVED

2019 AUG -1 AM 10:25

COVER LETTER

**TO: Registration Section
Division of Corporations**
MARTIOU LLC

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:

Willy Brevet

Name of Person

MARTIOU LLC

Firm/Company

P.O. BOX 1891

Address

Palm Harbor, FL 34682

City/State and Zip Code

willy.brevet9@gmail.com

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

For further information concerning this matter, please call:

Willy Brevet

727

366-5464

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

TO
ARTICLES OF ORGANIZATION
OF

MARTIOU LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
PART OF
DIVISION OF CORPORATION
19 AUG 25 AM 9:48

The Articles of Organization for this Limited Liability Company were filed on 04-08-2015 and assigned
Florida document number L15000061982

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 ADDRESS**)

4233 Rotherham Ct
Palm Harbor FL 34685
(Willy BREVET / Principal office)

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:

Willy Brevet (Same Registered Agent as before only address is changed)

New Registered Office Address:

~~P.O. Box 1891~~

4233 Rotherham Ct

Enter Florida street address

Palm Harbor

Palm Harbor

Florida

~~34682~~

34685

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

Authorized Person Details address: P.O. Box 1891, Palm Harbor, FL 34682

06/26/2019

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

06/26/2019

Dated _____



Signature of a member or authorized representative of a member

Willy Brevet

Typed or printed name of signee