## 116000219537

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
SECRETARY OF STATE
ALLMIASSEE, FLORIDA

D. SCOTT JUN 1 2017

## **COVER LETTER**

TO: Registration Sect Division of Corpo		
SUBJECT: Martinez Me	Name of Limited Liability Company	_
The enclosed Articles of Articles	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Roberto Martinez	
	Name of Person	
	Firm/Company	
	620 NW 109 Ave #4	
	Address	
	Miami, FL 33172	
	City/State and Zip Code	
	Rob.Martinez09@gmail.com  E-mail address: (to be used for future annual report notification)	
For further information con	cerning this matter, please call:	
Roberto Martinez Name of I	•	THE THE PROPERTY OF THE PROPER
Enclosed is a check for the	following amount:	総旦日
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Co (additional copy is enclosed)	of Status &

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

Martinez Media, LLC (Name of the Lim	ited Liability Comn	any as it now appears on our records.)	
( <u>. tame or tare array</u>	(A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited lassigned	Liability Company	were filed on <u>12/05/16</u>	and
Florida document number: L16000219537			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
Martinez Recovery, LLC  The new name must be distinguishable and contain the	woods WI imited Link	Hit. Company "the decimation "I I C" or the	a shbeaulation "L.I.C."
		inty Company, the designation LLC of the	e abbieviation L.L.C.
Enter new principal offices address, if appli		Water 1	<del> </del>
(Principal office address MUST BE A STRE	ET ADDRESS)	<u>n/a</u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	(BOX)	n/a	<u> </u>
			7 × 1
B. If amending the registered agent and registered agent and/or the new registered of			er the name of the new
Tegistered agent and/or the new registered to	Antice Additions her	₹.	W F
Name of New Registered Agent:	n/a		
Name of New Registered Agent.	11/ d		FLST 9
New Registered Office Address:	<u>n/a</u>	Enter Florida street address	<u> </u>
		F1 + 1	~~ <u> </u>
		, Florida	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Ma $AMBR = Aa$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
-			Add
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i amending any	y other information	, enter change(s	s) nere: (Anach d	iaaiiionai Sheeis, i	necessary.)	
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an effective date is ote: If the date	f other than the dates listed, the date must be sinserted in this block of the date on the Depart	specific and cannot be does not meet the	applicable statutor	ng or more than 90 day y filing requirement	s, this date will not h	t to 605.020 be listed as
e record spec The 90th day	ifies a delayed eff , after the record	ective date, but is filed.	ut not an effec	tive time, at 12:	01 a.m. on the	earlierlo 亚 〇
ated07/2	5/17	AT,	_,	-·		9: 44
		Ma of a member	or authorized represe	entative of a member		
	V 75	a monitor	damonised represe			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00