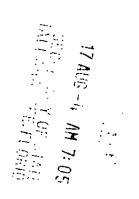
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COVER LETTER

Division of Corporations
SUBJECT: H.G. Martin Properties, LLC 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:
Howard Gregory Martin Name of Person
H.G. Martin Properties, LLC Firm/Company
706 FREDA LANE
Port Orange FL. 32127 City/State and Zip Code
Greg @ Sos custom signs, com E-mail address: (to be used for future annual report notitication)
For further information concerning this matter, please call:
Name of Person at (386) 871-9232 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S\$5.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) 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

H.G. MACTIN Proper	ties, LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.)	
(A Fronda Emmed Ca	anity Company)	
The Articles of Organization for this Limited Liability Company w	rere filed on 02/15/1	and assigned
Florida document number <u>L 17000036427</u>		
Florida document number <u>L L (0 = 0 %) (0)</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST RF A STREET ADDRESS)	address MUST BE A STREET ADDRESS)	
Trincipal office agarcia in OST 192-11-11-11-11-11-11-11-11-11-11-11-11-11		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Ingling duaress Met DE ATOST OFFICE BOAY		
B. If amending the registered agent and/or registered offi	ce address on our records,	enter the name of the new
registered agent and/or the new registered office address here:		55 G
		S. 1
Name of New Registered Agent:		
New Registered Office_Address:		7
	Enter Florida street address	05
	Flor	
	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 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 Type of Action Title Title <u>Name</u> <u>Address</u> VICE PART. CINDY LOANN MAKEN 706 FREDA LANE XXXXII V.P. Port ORANGE, FL. 32127 _ Remove _□ Change □ Add ☐ Remove □ Change _□ Add □ Remove □ Remove □ Change ☐ Remove ☐ Change □ Add ☐ Remove __ 🗆 Change

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ctive date, if other than	the date of filings		(or	otional)
effective date is listed, the date	must be specific and cann	ot be prior to date of fili	ng or more than 90 days at	ter filing.) Pursuant to 605.
If the date inserted in the ment's effective date on the			y ming requirements, t	nis date will not be liste
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