

L17000046891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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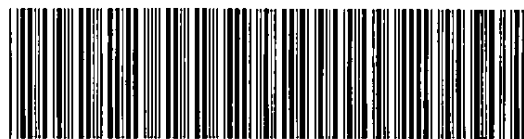
(Business Entity Name)

(Document Number)

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17 JUN 26 PM 2:03
FALL RIVER, MA
CLERK OF SUPERIOR COURT

D. SCOTT

JUN 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARTIN Lehman 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:

Martin Lehman
Name of Person

Martin Lehman LLC
Firm/Company

117 Hidden Hollow Dr
Address

Palm Beach Gardens FL 33418
City/State and Zip Code

mmml oan@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

Martin Lehman at (754) 520-6054
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

FILED
JUN 26 PM 2:03
TALLAHASSEE, FL

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

MARTIN Lehman 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 2/28/2017 and assigned Florida document number L17000046891.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

New Registered Office Address:

Enter Florida street address

City

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, enter the title, name, and address of each person 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>
<u>MGR</u>	<u>Wendy Lehman</u>	<u>117 Hidden Hollow Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Palm Beach Gardens</u>	<input type="checkbox"/> Remove
		<u>FL 33418</u>	<input type="checkbox"/> Change
<u>AP</u>	<u>Constance Webster</u>	<u>112 Hidden Hollow Dr</u>	<input type="checkbox"/> Add
		<u>Palm Beach Gardens FL</u>	<input checked="" type="checkbox"/> Remove
		<u>33418</u>	<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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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.

Dated June 19 . 2017


Signature of a member of authorizing body

Signature of a member or authorized representative of a member

Martin Lehman

Typed or printed name of signee

FILED
JUL 26 PM 2:03
17
on the earlier of: