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SECRETARY OF STATIONS DIVISION 30 AM 2: 06 '

N. CAUSSEAUX JUN - 2 2017

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJ	Martinez D	esign Homes, LLC		
		Name of Limi	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	endence concerning this matter	to the following:	
		Ignacio Martinez		
			Name of Person	,, <u>,</u> ,,,,,,,,,
		Martinez Design Homes, L	rc	
		<del>*************************************</del>	Firm/Company	
		6506 Apple Way		
			Address	······································
		Lake Clarke Shores, FL 33-	406	
			City/State and Zip Code	- <del> </del>
		iggymartinez@ymail.com		
		E-mail address: (t	to be used for future annual report notific	cation)
For fu	rther information c	oncerning this matter, please ca	dl:	
Ignac	io Martinez		561 8006252 at ( )	
	Name o	f Person		Telephone Number
Enclo	sed is a check for th	ne following amount:		
<b>■</b> \$2	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**

Martinez Design Homes, LLC	
(Name of the Limited Liability Company as it now appears o (A Florida Limited Liability Company)	n our records.)
he Articles of Organization for this Limited Liability Company were filed on May 1	and assigned
lorida document number L17000111093	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here	<b>;</b>
fartinez Home Design, LLC	
ne new name must be distinguishable and contain the words "Limited Liability Company," the design	
nter new principal offices address, if applicable:	2 VIQ
Principal office address MUST BE A STREET ADDRESS)	SIO SIO
	TAY OF
	3 0 C
nter new mailing address, if applicable:	R P
	N. S.
Mailing address MAY BE A POST OFFICE BOX)	<b>8</b> 10 A
	<b>S</b> 0'
. If amending the registered agent and/or registered office address on or egistered agent and/or the new registered office address here:	ur records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida	street address
City	, Florida Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	Zip Code

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

	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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effective date, if other than the date of filing: effective date is listed, the date must be specific and of If the date inserted in this block does not me ement's effective date on the Department of Sta	annot be prior to date o	f filing or more than 90 days	(optional) s after filing.) Pursuant to 605.00 s, this date will not be listed
ecord specifies a delayed effective da ne 90th day after the record is filed.	ite, but not an ef	fective time, at 12:	01 a.m. on the earlier
d May 25, 2017	11:26 a.m.		
Signature of a m	ember or authorized rej	presentative of a member	
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Page 3 of 3

Filing Fee: \$25.00