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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to Fi	ling Officer:	

Office Use Only



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## **COVER LETTER**

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TO:	Registration Sec Division of Corp		, .	
eun u	rer.	Martinson Family LLC		
SUBJI	ECT:	Name of Limi	ited Liability Company	
The en	iclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Billie Martinson		
			Name of Person	
			Firm/Company	
		6626 The Landin	ngs Drive	
			Address	
		Belle Isle FL 33	2812	
			City/State and Zip Code	
		bj6626@aol.con		
		E-mail address: (	to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please ca	all:	
	Billie Martinson		407 592-5622 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■</b> \$2	5.00 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

MARTINSON FAMILY TR	UST	
( <u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appears on our records.) nited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Com Florida document number 1.17000187541	pany were filed on September 1, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<u> </u>
	<del></del>	g Th
		2 2 1
Enter new mailing address, if applicable:		177
(Mailing address MAY BE A POST OFFICE BOX)		F 0
		> Les
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	_	nter the name of the n
	<del></del>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jonathan Martinson	6626 The Landings Drive Belle Isl	Add
		<del></del>	■ Remove
			Change
MGR	Billie Martinson	6626 The Landings Drive Belle Isl	Add
			☐ Remove
			□ Change
			B C Remove,
			Remove
			D Add
		☐ Remove	
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			🗆 Add
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blo	be specific and cannot be proceed does not meet the ann	ior to date of filing or mor	than 90 days after filing	7 g.) Pursuant to 605 e-will not be liste
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e record specifies a delayed	effective date, but i	not an effective tir	ne. at 12:01 a.m.	. on the earlie
The 90th day after the reco			, 4:	
ated October 25,	2017			
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Page 3 of 3

Filing Fee: \$25.00