1180016855V

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ie)
(Do	cument Number)	
Certified Coples	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400316462984

08/06/18--01010--005 **25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER AUG 0 9 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: McChael Lum Martotto 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:
Acron M. Nelson Name of Person
Michael Lynn Martaling LLC
146 NW Browniew St.
Port Saint Lucie Fl 34983 City/State and Zin Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Aca Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsquare \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ 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

•

(Name of the Limite)	Liability Compa	any as it now appears (Liability Company)	on our records.)	LC_	
The Articles of Organization for this Limited Lia Florida document number		· · · · ·	aly D, 20'	and assi	gned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here	•••		
The new name must be distinguishable and contain the wo		lity Company," the desi	ignation "LLC" or the al	bbreviation "L.I	C."
Enter new principal offices address, if applica					
(Principal office address MUST BE A STREET	.4DDRESS)				<u>-S</u> €
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			US -6 PH 3:	FILED STA
B. If amending the registered agent and/o registered agent and/or the new registered offi			our records, <u>enter</u>	the name of	of the nev
Name of New Registered Agent:	, 				
New Registered Office Address:		Enter Florido	a street address		
			, Florida		
		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>	Address	Type of Action
MGR	Kelly Hall	2538 Summit Blud.	□ Add
		west folm Book, FL 3340	∫_ [X Remove
			Change
MGR	Agnow M. Nelson	146 NKU Broodview Street	j Add
		Port Saint Lucie, FL 34983	Remove
			Change
MBR	Kelly Hall	2538 Summit Blud.	b X ∆dd
		west Polyn Beach, FL 334	16 Remove
		Change	
			□ Remove
			Change
			Add
			□ Remove
			Change
			
			🗆 Remove
			Change

				···-		-
						-
				7-11-1		-
			<u> </u>			-
						-
						-
						-
			·		<u>.</u>	-
				,	<u></u> .	-
						. 🖭
					8 ALE	VISIO
					9 - 9	N OF
					32	CORP
					<u> </u>	ORAT
						SNO
			 			-
ective date, if other the reffective date is listed, the cate: If the date inserted in cument's effective date or	this block does not m	neet the applicabl	3\2018 fate of filing or more a c statutory filing re	(optiona than 90 days after filin quirements, this da	il) ng.) Pursuant to 605 te will not be list	5.020 ⁵ ed as
	elayed effective d ne record is filed.	ate, but not a	n effective time	e, at 12:01 a.m	i. on the earli	er o
record specifies a de The 90th day after th						
The 90th day after th		2018	\mathcal{A}_{n}			
record specifies a de The 90th day after th ted July 3	Signature of the	2018 nember or authoriz	ed representative of a	ı-m≽ ınber		

Page 3 of 3

Filing Fee: \$25.00