

L18000243376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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D SCOTT  
JUN 20 2019

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MARTION SOCIETY 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:

Cheyenne Moseley  
Name of Person

Legalzoom.com, Inc.  
Firm/Company

101 N. Brand Blvd., 11th Floor  
Address

Glendale, CA 91203  
City/State and Zip Code

msmartion64@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Cheyenne Moseley at 800 773-0888 ext. 9724  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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**

MARTION SOCIETY 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 10/16/2018 and assigned Florida document number L18000243376.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**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*

\_\_\_\_\_, 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**

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2018 JUN - 16  
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TALLAHASSEE  
FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Deleon James	7552 Allspice Cir N	<input type="checkbox"/> Add
		Jacksonville, FL 32244	<input checked="" type="checkbox"/> Remove
MGR	Leonard Bobson	7552 Allspice Cir N	<input type="checkbox"/> Add
		Jacksonville, FL 32244	<input checked="" type="checkbox"/> Remove
MGR	Leonard Dobson	7552 Allspice Cir N	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32244	<input type="checkbox"/> Remove
MGR	Josef Mabrey	7552 Allspice Cir N	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32244	<input type="checkbox"/> Remove
AMBR	Josef Mabrey	7552 Allspice Cir N	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32244	<input type="checkbox"/> Remove
MGR	JHAN LIVELY	7552 ALLSPICE CIR N	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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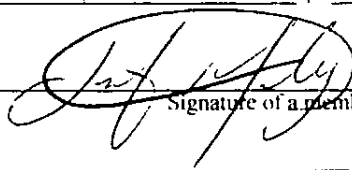
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 5/24, 2019.



Signature of a member or authorized representative of a member

Josef Mabrey

Typed or printed name of signee

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