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(Reque	stor's Name)	
(Addres	ss)	
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(City/St	ate/Zip/Phone	= #)
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PICK-UP	TIAW [MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Filin	a Officer:	
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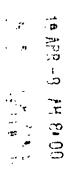
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COVER LETTER

то:	Registration Sec Division of Corp			
SUBJ	ЕСТ:	D) MARTII Name of Limit	ted Liability Company	
The er	eclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please	return all correspor	dence concerning this matter t	o the following:	
		Doug	y Martin	
		D) MAI	RTIN, LLC Firm/Company	
		4721	SW 42 terrac	<u>C</u>
		Dania	Beach, FL 333	314
		<u>dougmart</u> E-mail address: (to	IN II COM o be used for (Wure annual report notif	ication)
For fu	rther information co	ncerning this matter, please ca	H:	
	Anna Ri Name of	Person	at (754) 423 - Daytime	7361 Telephone Number
Enclos	sed is a check for the	e following amount:		
□ \$ 2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Name of the Limited I	Liability Compa Florida Limited	iny as it now app Liability Compan	neurs on our rec	cords.)				
The Articles of Organization for this Limited Liabi		were filed on	12/3/16	3 <u> </u>	an	ıd assig	gned	
This amendment is submitted to amend the following	ing:							
A. If amending name, enter the new name of th				116 ²² t t	h dad	W I	6."	_
The new name must be distinguishable and contain the word. Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	le:	N/A	ne designation	LLC or the ac	obreviali		.C.	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		NIA			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	000-00	71	- ; - ·
B. If amending the registered agent and/or registered agent and/or the new registered office			on our reco	ords, <u>enter</u>	the n	က္ S ame o	f the	nev
Name of New Registered Agent: New Registered Office Address:	Anna 1 4721 .		TPYYOC	<u>e</u>				<u> </u>
-	Dania	Beach		, Florida <u> </u>		4 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

Title	<u>Name</u>	Address	Type of Action
AR	Anna Riley	4721 SW 42 terrace	□ Add
	,	Dania Beach, FL 33314	Remove
			🗆 Change
MGR	Douglas J. Martin	4721 SW 42 terrace	Œ Add
	·	Dania Beach, FL 33314	□ Remove
			□ Change
			Add
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
		<u> </u>	Change
			🗆 Add
			□ Remove
			□ Change

Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	April 4th 2019
	Signature of member or authorized representative of a member
	Douglas J. Martin Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00