L19000143589

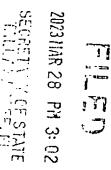
(Requestor's Name)
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(Document Number)
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Y. SCOTT MAY 1 3 2023

COVER LETTER

TO: Registration Sec Division of Corp			**	vi
		TIN & SON LLC		
SUBJECT:		nited Liability Company		
The enclosed Articles of z	Amendment and fee(s) are sub	omitted for filing.		
	ndence concerning this matter	-		
	A	MILCAR MARTIN		
	-	Name of Person		
	M	AARTIN & SON LLC		
	 	Firm-Company	 	
	62	00 ROLLING ROAD DR	98 980	2023
		Address		7023 IIAR
	PINI	ECREST, FL 33156		28
		City/State and Zip Code	<u> </u>	P II
		LYS@ACOSTASALASUSA.CO		ي م
For further information or	E-mail address: to oncerning this matter, please c	to be used for future annual report no	tification)	02
AMILCAR MARTIN	meeting and matter, please c	305 987-2909		
		at ()		
Name of	Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for th	e 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 Certificate o Certified Co (additional copy	f Status & py
Mailing Address Registration S		<u>Street Address:</u> Registration So	ection	
Division of Co	· · · · · · · ·			
P.O. Box 632	orporations	Division of Co The Centre of		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARTIN & S	SON LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our rod Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comparation document number $\frac{L19000143589}{L19000143589}$.	ny were filed on 05/29/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		; }
Principal office address MUST BE A STREET ADDRESS)		7023 FEC
		28
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u>mi 10</u>
If amending the registered agent and/or registered offic gent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>e</u>	nter the name of the new regist
No. 10 - distance of Office Addresses		
New Registered Office Address:	Enter Florida street a	ddress
		, 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 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
AMBR	ANDRES R. MARTIN RIVERO	5712 SW 162 PASS	
		MIAMI, FL 33193	■Remove
			□Add
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			Change CREATER Add Add Remove CF STATE Change
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ective date, if other than the a effective date is listed, the date must te: If the date inserted in this ble nument's effective date on the De	be specific and cock does not me	annot be prior et the applica				g.) Pursu	
cord specifies a delayed effective s filed.	e date, hut not a	n effective tir	ne, at 12:01	a.m. on the ear	lier of: (b) T	he 90th	day after the
NOVEMBER 13		2022	0. <i>D</i>	1			
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