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Amend Mance Chs

DEC 27 TOTAL

COVER LETTER

•	on Section of Corporations
SUBJECT:/	Madelin Martinez, LLC.
	Name of Limited Liability Company
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.
Please return all cor	rrespondence concerning this matter to the following:
	Madalin Nortinez
	Name of Person
	Mudelin Mustinez, UC.
	Firm/Company
	5007 E Linebaugh Ave
	Tampu FL 33617 City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
	tion concerning this matter, please call:
Klu de	In Markinez at (8/3) 359 7784
N	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing F	ce \$\sqrt{30.00}\$ Filing Fee & \$\sqrt{\$55.00}\$ Filing Fee & \$\sqrt{\$60.00}\$ Filing Fee, Certificate of Status Certified Copy 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

Mudalin wher knez, LLC.

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number	any were filed on OF/08/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	
Madelin Markinez Markinez, Le The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (<u>Principal office address MUST BE A STREET ADDRESS</u>	SAME
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME SECRETARY SECRETARY
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	l office address on our records, enter the name of the new
Name of New Registered Agent: Mud	din Murtinez Martinez
New Registered Office Address: 5009	E Linebacyh Ave Enter Florida street address
Tam	Elinebacyh Ave Enter Florida street address // Florida 33617 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

Type of Action Title Address MGR Madelin Martinez ☐ Add 12 Remove ☐ Change MGR Madelin Martinez Martinez 5007 Elinohaugh tre **⊿**√dd Tours FL 33617. ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove Change

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Note:	tive date, if other than the date of filing: <u>07/08/2017</u> (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	11/09/2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00