

L19000208215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

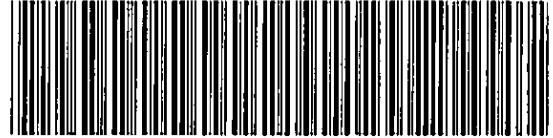
(Business Entity Name)

(Document Number)

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2023 MAR 15 PM 2:17
CLERK OF COURT
HALL COUNTY, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Martins Family Real Estate, 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:

Wilson Martins

Name of Person

Martins Family Real Estate, LLC

Firm/Company

9045 SW State Rd 200

Address

Ocala, FL 34481

City/State and Zip Code

martins1984ocala@gmail.com

E-mail address: (to be used for future annual report notification)

2023 MAR 15 PM 2:17
U.S. DEPARTMENT OF STATE
RECEIVED
TALLAHASSEE, FL

For further information concerning this matter, please call:

Wilson Martins

352

361-8439

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MARTINS FAMILY REAL ESTATE, 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 March 04, 2023 and assigned
Florida document number: L19000208215.

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 contain the words "Limited Liability 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)

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	April Nash Martins	9337 SW 105TH ST, Ocala, FL 34481	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2023 MAR 15
1:11 PM
STATE OF FLORIDA
DEPARTMENT OF
REVENUE
TAX SERVICES
UNIT

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

2008 MAR 15 PM 2:17
STATIONER'S SUPPLY CO.
ALLAHAMMERS, FL

2023 MAR 15 PM 2:17
STATE
CLERK

10

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

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 11th 2023

[Signature]

Signature of a member or authorized representative of a member

Wilson Martins MBR

Typed or printed name of signee

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000208215

Entity Name: MARTINS FAMILY REAL ESTATE, LLC

Current Principal Place of Business:

9045 SW STATE RD 200

OCALA, FL 34481

Current Mailing Address:

9045 SW STATE RD 200

OCALA, FL 34481

FEI Number: 84-4351138

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINS, WILSON

9045 SW STATE RD 200

OCALA, FL 34481 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MBR

Name MARTINS, WILSON

Address 9337 SW 105TH STREET

City-State-Zip: Ocala FL 34481

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILSON MARTINS

MBR

03/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date