

119 000245283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

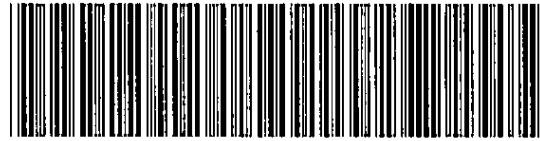
(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARTIN FLOORING AND HOME IMPROVEMENT
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:

KENTON MARTIN

Name of Person

MARTIN FLOORING AND HOME IMPROVEMENT

Firm/Company

1506 HALLEM CT.N

Address

LAKELAND FLORIDA 33813

City/State and Zip Code

Kentondmartin@gmail.com

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

For further information concerning this matter, please call:

CAROLYN FARLEY

863 815-4810

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

RECEIVED
OCT 28 2020



2020 12 07 11:56

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2020

KENTON MARTIN
1506 HALLEM CT N
LAKELAND, FL 33813

SUBJECT: MARTIN FLOORING & HOME IMPROVEMENT LLC
Ref. Number: L19000245283

We have received your document for MARTIN FLOORING & HOME IMPROVEMENT LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 720A00024511

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

2 3 20 11:17

MARTIN FLOORING AND HOME IMPROVEMENT 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 SEPT. 30, 2019 and assigned Florida document number L19000245283.

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:

KENTON MARTIN

New Registered Office Address:

5772 GRANITE LN.

Enter Florida street address

LAKELAND

Florida 38809

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

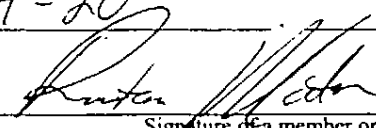
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: OCTOBER 14, 2020 (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 10-24-20



Signature of a member or authorized representative of a member

KENTON MARTIN

Typed or printed name of signee

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

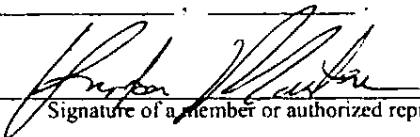
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AM	KADE MARTIN	1506 HALLAM CT N.	<input checked="" type="checkbox"/> Add
		LAKELAND FL. 33813	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	ADAM MARTIN	1506 HALLAM CT N.	<input type="checkbox"/> Add
		LAKELAND FL 33813	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	LEILA MARTIN	1506 HALLAM CT N.	<input type="checkbox"/> Add
		LAKELAND FL. 33813	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
M	KENTON MARTIN	5772 GRANITE LN.	<input type="checkbox"/> Add
		LAKELAND FL.33809	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: OCTOBER 14, 2020 **(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.

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Dated 10/24/20



Signature of a member or authorized representative of a member

KENTON MARTIN

Typed or printed name of signee