K20000088088

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(R	equestor's Name)	
(A	ddress)	-
(A	ddress)	
(C	ity/State/Zip/Phone #))
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Divi	sion of Cor	porations		
enn mer		1ARTINEZ DM LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		CARLOS MARTINEZ		
			Name of Person	
			Firm/Company	
		1378 NW 192ND LN		
			Address	
		PEMBROKE PINES, FL.	33029	
			City/State and Zip Code	
		CMART78@GMAIL.COM	to be used for future annual report no	Ts: rs
For further in	formation co	oncerning this matter, please e	·	omeanon)
CARLOS MA			954 937-8898 at ()_	
	Name of	Person	Area Code Dayi	me Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	iling 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)
Reg	ing Address istration S		Street Address: Registration S Division of Co	
	. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 03/23/2020 and assigned Florida document number <u>L20000088088</u> 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: CARLOS MARTINEZ Name of New Registered Agent: 1378 NW 192ND LN New Registered Office Address: Enter Florida street address

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.

City

PEMBROKE PINES

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>	Address	Type of Action
			□ Add
			Remove
			☐ Change
			□Remove
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			Change
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f an effectiv <u>Note:</u> If t	ve date is listed, th he date inserted	than the date of e date must be speci in this block does on the Departmer	fic and cannot be p not meet the app	rior to date of filing of filing of filing of the file of the statutory of the file of the	(or more than 90 days : lling requirements,	ptional) ifter filing.) Pursuant this date will not b	to 605.0207 (oc listed as t
e record sp d is filed.	pecifies a delaye	d effective date, b	ut not an effectiv	re time, at 12:01 a.	n. on the earlier of	(b) The 90th day	y after the
Dated	April	100	_, 200				
		Signature	of a member or di	uthorized representat	ive of a member	<u> </u>	_
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