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	equestor's Name)
(Ac	ddress)
(Ad	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bi	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	PFiling Officer:
	Office Use Only



FILED 1008 SEP -1 PH 12: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations

Insvestment Services LLC <u>ti</u>na SUBJECT: 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:

Firm/Company 35 Eh G FL 33710 http://state and Zip Code rsburg 9 MCG (. C.OM disc for future annual report notification)

For further information concerning this matter, please call:

Robbins at (727) 422 ar Name of Persor

Enclosed is a check for the following amount:

□ \$25.00 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)

Nonel waived

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

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T ARTICLES OF (AMENDMENT O DRGANIZATION DF	F 2020 SEP - SECRETAT
Marting investments (Name of the Limited Liability Company (A Florida Limited Florida document number \cancel{L} 2000 197897		TE. T. SIATE D
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u> <u>Martina Covestments ervic</u> The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADDRESS)</u>	estlc	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		Dp Cour
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fo	uniliar with and

If Changing Registered Agent, Signature of New Registered Agent

If smending 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

Titls	Name	Address	Type of Action
			🗆 Add
			🗆 Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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) <u>Note:</u> 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 _	St. Pelers berg . 8/31/2020
	Signature of a member or authorized representative of a member
\$	Marting Robbins
	Typed or printed name of signee