L21000446617

(Requestor's Name)			
(Address)			
(Addless)			
(Address)			
(City/State/Zip/Phone #)			
(City/State/Zip/Filone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of S	Status		
Special Instructions to Filing Officer:			
	I		

Office Use Only



900404403089

03/14/23--01014--013 **25.00

2023 MAR 14 AM 9: 14

COVER LETTER

	S PRIVATE INVESTIGATION	AND EXECUTIVE PROTECTION	ON SERVICES LI	
SUBJECT:	Name of Lin	nited Liability Company		
Division of Corporations MARTINS PRIVATE INVESTIGATION AND EXECUTIVE PROTECTION SERVICES LI 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: DARRYL MARTIN Name of Person MARTINS PRIVATE INVESTIGATION AND EXECUTIVE PROTECTION Firm/Company 5606 PINNACLE HEIGHTS CIRCLE UNIT 201 Address TAMPA FLORIDA 33624 City/State and Zip Code MARTINS PIEPSERVICES@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DARRYL MARTIN Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S255.00 Filing Fee Certificate of Status Certificate of Status & Certificate Copy Certificate Copy Certificate Copy Certificate Copy Certificate Copy Certificate Copy				
Please return all corres	pondence concerning this matter	to the following:		
	DARRYL MARTIN			
		Name of Person		
	MARTINS PRIVATE INVESTIGATION AND EXECUTIVE PROTECTION Firm/Company 5606 PINNACLE HEIGHTS CIRCLE UNIT 201 Address			
		Firm/Company		
	5606 PINNACLE HEIGH	TS CIRCLE UNIT 201		
		Address		
	TAMPA FLORIDA 3362-	4		
		City/State and Zip Code		
		*		
	E-mail address: (to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	all:		
DARRYL MARTIN				
Name	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25,00 Filing Fee		Certified Copy	Certificate of Status &	
			ction	
4-		-		
P.O. Box 6327				
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARTINS PRIVATE INVESTIGATION AND EXECUTIVE PROTECTION SERVICES 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 OCTOBER 13, 2021 and assigned Florida document number 1.21000446617 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MARTIN PRIVATE INVESTIGATIONS & SECURITY SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 5606 PINNACLE HEIGHTS CIRCLE UNIT 20 Enter new principal offices address, if applicable: TAMPA, FLORIDA 33624 (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

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

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>	Name	Address	Type of Action
CE0/CFC	DARRYL MARTIN	5606 PINNACLE HEIGHTS CIRCLE UNIT 201	□Add
		TAMPA, FLORIDA 33624	□Remove
			□Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		.	□Remove
			DChange

				
		11. 211		
<u> </u>				
				_
				
** ****	<u> </u>			
				
		<u></u>		
- 				
Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the Defective date.	the specific and cannot be prior to book does not meet the applica	to date of filing or more tha able statutory filing requ		
record specifies a delayed effective d is filed.	date, but not an effective tir	me, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
MARCH 07	. 2023			
	Signature of a member or autho	rized representative of a m	nember	
DARRYL MARTIN				
	Typed or printe	ed name of signee		

• • • • • •

Filing Fee: \$25.00