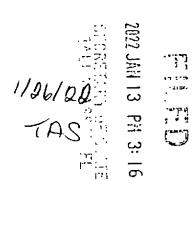


| (Re | equestor's Name) | |
|-------------------------|----------------------|----------|
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| (Ac | idress) | |
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| (Ac | idress) | |
| | | |
| (Ci | ty/State/Zip/Phone # | 9 |
| PICK-UP | WAIT | MAIL |
| (Bu | usiness Entity Name |) |
| | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | _ Certificates o | f Status |
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| Special Instructions to | Filing Officer: | |
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01/18/22---01025--082 **25.00



COVER LETTER

| Division of Co | | | | |
|-------------------------------|---|---|---|---|
| | Turbine Services LLC | | | |
| SUBJECT: | Name of Lin | ited Liability Company | | |
| The englaced Articles of | f Amendment and fee(s) are sub | unitted for filing | | |
| | ondence concerning this matter | · | | |
| | ANTONIO C MONTEIRO | | الكلام | |
| | | Name of Person | | |
| | MartinTurbine Services Ll | uc | | |
| | | Firm/Company | • | |
| | 2424 Ravendale Ct | | | |
| | | Address | | 202 SE |
| | Kissitamee, FL 34758 | | | 2 JAI CRE |
| | acmonteiro48@gmail.com | City/State and Zip Code | | 0022 JAN 13 PH 3: 16 SECRETARY OF STATE TALLAHASSES, FL |
| | E-mail address: (| to be used for future annual report notif | ication) | RY OF |
| For further information | concerning this matter, please c | all: | | . ω |
| Antonio C Monteiro | | 305 778-6138 | | ATE 16 |
| Name | of Person | Area Code Daytimo | : Telephone Number | ·········· |
| Enclosed is a check for | the following amount: | | | |
| 第 \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filin Certificate of Certified Co (additional cop | of Status & opy |
| Mailing Addre Registration | | Street Address: Registration Sec | tion | |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

| ARTICLES OF A | MENDMENT | 3 |
|--|---|---|
| TO ARTICLES OF OF OF | RGANIZATION | SECRET SECRET |
| MARTINTURBINE SERVICES LLC | | |
| | as it now appears on our reco | rds) 200 = 1 |
| (Name of the Limited Liability Company (A Florida Limited Lia | | 3. S. J. |
| The Articles of Organization for this Limited Liability Company w | ere filed on 12/29/2021 | and assigned |
| Florida document number L22000007518 | | |
| This amendment is submitted to amend the following: | • | |
| A. If amending name, enter the new name of the limited liability | ty company here: | |
| MARTurbine Services LLC | | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "L | LC" 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 adagent and/or the new registered office address here: | dress on our records, <u>ent</u> | er the name of the new registered |
| Name of New Registered Agent: | ··· | |
| New Registered Office Address: | | |
| | Enter Florida street addi | 572 |
| | , , , | Porida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro being filed to merely reflect a change in the registered office ac company has been notified in writing of this change. | erformance of my duties, ovided for in Chapter 605 | and I am familiar with and i, F.S. Or, if this document is |
| If Changi | ng Registered Agent, Signatur | 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 | <u>Add</u> | <u>lress</u> | Type of Action |
|--------------|------|-------------|---------------------------------------|----------------|
| | | | | □Add |
| | • | | | □Remove |
| | | | | ☐ Change |
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| | - | | | □Remove |
| | • | | | Change |

| Effective date, if other than the date of filing: 1/1/2022 | . If amending any other informatio | n, enter change(s) here: | (Attach additional sheets, if nec | essary.) |
|--|--|---|---|---------------------------------|
| Effective date, if other than the date of filing: 1/1/2022 | | | | |
| Effective date, if other than the date of filing: 1/1/2022 | | P | | |
| Effective date, if other than the date of filing: 1/1/2022 | | | | |
| Effective date, if other than the date of filing: 1/1/2022 | | | | |
| Effective date, if other than the date of filing: 1/1/2022 | | | | |
| (If an effective date, if other than the date of filing: (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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The 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 ord is filed. | | | • | |
| (If an effective date, if other than the date of filing: (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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The 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 ord is filed. | | | | |
| (If an effective date, if other than the date of filing: | | | | |
| (If an effective date, if other than the date of filing: | | | ··· | |
| (If an effective date, if other than the date of filing: | | | | |
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| Effective date, if other than the date of filing: (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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The 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 cord is filed. | | | | |
| (If an effective date, if other than the date of filing: | | | | |
| Effective date, if other than the date of filing: (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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The 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 cord is filed. | · · · · · · · · · · · · · · · · · · · | | | |
| lanuary 10 2022 🔿 | (If an effective date is listed, the date must be Note: If the date inserted in this block | ate of filing; e specific and cannot be prior to d a does not meet the applicable | late of filing or more than 90 days after | filing.) Pursuant to 605,0207 (|
| Dated January 10 , 2022 | he record specifies a delayed effective d ord is filed. | ate, but not an effective time, | , at 12:01 a.m. on the earlier of: (b |) The 90th day after the |
| ス 2~1 | Dated January 10 | , 2022 | | |
| Q 75/ | | 000 | | |
| Signature of a member or authorized representative of a member | Sij | mature of a member or authorize | of representative of a member | |
| ANTONIO CMONTEIRO | ANTONIO C MONTEIRO | , | | |

Filing Fee: \$25.00