

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PAUL SALVER, P.A.
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OLEAMOBIL 01 LLC

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2022 JUN -1 PM 11:58

2022 JUN -1 PM 2:29

APPROVED
AND
FILED

COVER LETTER

(((H22000191445 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: OLEAMOBIL 01 LLC

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:

Daniella Santana

Name of Person

Salver & Cook LLP

Firm/Company

2721 Executive Park Drive, Suite 4

Address

Weston- Florida 33331

City/State and Zip Code

d.santana@psccpas.com

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

For further information concerning this matter, please call:

Daniella Santana

954 3891333
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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

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

(((H22000191445 3)))

Oleamobil 01 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 02/28/2022 and assigned
Florida document number L22000104053.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MARTINCORPO LLC

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:

New Registered Office Address:

Enter Florida street address

Florida

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of ~~(((H22000181445 3)))~~ 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>
<u>MBR</u>	<u>MARTIN OLEA</u>	<u>2316 Hoffner Ave, Apt 10</u>	<input checked="" type="checkbox"/> Add
		<u>Belle Isle, Florida 32809</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MBR</u>	<u>ARIEL OLEA</u>	<u>2316 Hoffner Ave, Apt 10</u>	<input type="checkbox"/> Add
		<u>Belle Isle, Florida 32809</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
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