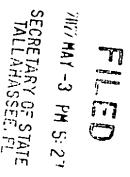
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(F	Requestor's Name)
4)	ddress)
(A	address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	الله عند عند AS
	9 2 <mark>022</mark>
	5/3/22
	Office Use Only



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RECEIVED

2022 MAY -3 PM 1: 06

SECRETALLY OF STATE TALLAHASSEE, FL

Division of Corporations

April 23, 2022

MARTIN H SHERMAN 8226 LAKE CROWELL CR. ORLANDO, FL 32836

SUBJECT: MARTIN SHERMAN CONSULTING, LLC

Ref. Number: L22000114229

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

It is unclear if you are wanting to change the name of your business. if this is your intentions, please list the new name in section A. If you do not want to change your name, please the correct name of you business.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 322A00009516

Querida R Silas Regulatory Specialist II

www.sunbiz.org

www.sumbiz.org

## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations

TO:

MARTIN S	SHERMAN CONSULTING, I	LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARTIN H SHERMAN		
		Name of Person	
	MARTIN SHERMAN CO	ONSULTING, LLC	
		Firm/Company	
	8226 LAKE CROWELL	CR.	
		Address	•
	ORLANDO, FL 32836		
		City/State and Zip Code	·
	martyshennanmsc@gmail.c		
	E-mail address: (	to be used for future annual report r	otification)
For further information ed	oncerning this matter, please c	all:	
MARTIN H SHERMAN			
Name of	Person	at ()	time Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration S	Section
Division of Co		Division of C	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMERDMENT TO ARTICLES OF ORGANIZATION OF FILED

	ARTIN SHEIZILL	W-ESIDSUZTING, LILC
( <u>Name of the Limited Lis</u> (A Flo	ARTY SHEIZUG ability Company as it now appears of orida Umited Liability Company)SE (	RETARY OF STATE
The Articles of Organization for this Limited Liabilit	1/	NERTHOOSE F1
Florida document number L22000114229	······································	
This amendment is submitted to amend the following	<b>;</b> :	
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 desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our reco e:	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet 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

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
MGR	MARTIN H SHERMAN	8226 LAKE CROWELL CR.	<b>=</b> Add
		ORLANDO, FL 32836	□Remove
			□Change
AMBR	MARTIN H SHERMAN	8226 LAKE CROWELL CR.	<b>=</b> Add
	ORLANDO, FL 32	ORLANDO, FL 32836	🗆 Remove
			□Change
MGR	HOPE A SHEIZUAN	8226 UKE CROWN	<b>⊈</b> □ Add
		OTZLANDO, FL 32836	Remove
			□Change
<del></del>	<del></del>		□Add
			□Remove
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<u>:Note:</u> 11	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at's effective date on the Department of State's records.
e record d is filed	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 d.
Dated _	MAIZCH 30, 207Z
	Signature of a member or authorized representative of a member