

L22000240949

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(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

Marty Huggins & Wirtz, LLC
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:

Georgina Maria Marty

Name of Person

Marty Huggins & Wirtz, LLC

Firm/Company

8441 SW Highway 200, Unit 113

Address

Ocala, FL 34481

City/State and Zip Code

gmarty1120@gmail.com

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

For further information concerning this matter, please call:

Georgina Maria Marty

305

537-8233

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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

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

Marty Huggins & Wirtz, 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 05/24/2022 and assigned
Florida document number L22000240949.

This amendment is submitted to amend the following:

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

Not Applicable

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8441 SW Highway 200, Unit 113

(Principal office address MUST BE A STREET ADDRESS)

Ocala, FL 34481

Enter new mailing address, if applicable:

84412 SW Highway 200, Unit 113

(Mailing address MAY BE A POST OFFICE BOX)

Ocala, FL 34481

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:

Not Applicable

New Registered Office Address:

8441 SW Highway 200, Unit 113

Enter Florida street address

Ocala

, Florida 34481

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Georgina Maria Marty	12396 SW 61st Place Road, Ocala, FL 34481-4120	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Jaime Aguilar	5880 1st Street, SW Vero Beach, FL 34982	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Roberto Gonzalez	8441 SW Highway 200, Unit 113, Ocala, FL 34481	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

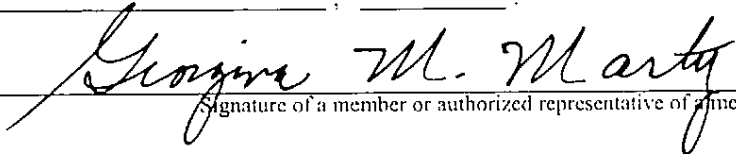
Each Member of this LLC is owner of 33% of the shares of the company.

EIN # 92-2798815

E. Effective date, if other than the date of filing: June 6, 2024 (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)
Note: 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 June 6, 2024


Signature of a member or authorized representative of a member

Georgina Maria Marty

Typed or printed name of signer