

L23000479761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

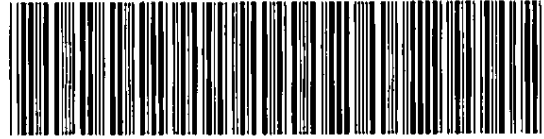
(Business Entity Name)

(Document Number)

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FILED  
2023 NOV 20 AM 10:37  
STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2023 NOV 20 PM 3:42  
DIRECTOR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

A. BUTLER  
NOV 21 2023

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 140187 4328337  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 55.00

ORDER DATE : November 20, 2023  
ORDER TIME : 1:12 PM  
ORDER NO. : 140187-005  
CUSTOMER NO: 4328337

DOMESTIC AMENDMENT FILING

NAME: MARTEGA FL, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexis Weiland-sorenson -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MARTEGA FL, 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:

Marlene Marsh, Paralegal

\_\_\_\_\_  
Name of Person

c/o Dentons Cohen & Grigsby P.C.

\_\_\_\_\_  
Firm/Company

625 Liberty Avenue, 5th Floor

\_\_\_\_\_  
Address

Pittsburgh, PA 15222-3152

\_\_\_\_\_  
City/State and Zip Code

martina.antoniou@gmail.com

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

For further information concerning this matter, please call:

Marlene Marsh, Paralegal

412 297-4993  
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

FILED

2023 NOV 20 AM 10:37

MARTEGA FL, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

STATE  
FL

The Articles of Organization for this Limited Liability Company were filed on October 20, 2023 and assigned  
Florida document number L23000479761.

This amendment is submitted to amend the following:

**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 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

City

Florida

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>
President	Martina Antoniou	23580 SANDYCREEK TERRACE #1605	<input checked="" type="checkbox"/> Add
		ESTERO, FL 34135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Secretary	Martina Antoniou	23580 SANDYCREEK TERRACE #1605	<input checked="" type="checkbox"/> Add
		ESTERO, FL 34135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Treasurer	RUEDIGER BRUNGSBERG	9247 OAK STRAND DRIVE	<input checked="" type="checkbox"/> Add
		ESTERO, FL 34135	<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

