L2400004SS25

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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Lyther to the Atlanta

COVER LETTER

		stration Sec sion of Corp		
SUBJEC		MARTINEZ	CLEANUP, LLC	
SUBJEC	.I. <u>-</u>		Name of Lin	ited Liability Company
The enclo	osed .	Articles of A	amendment and fee(s) are sub	mitted for filing.
Please re	turn a	all correspon	dence concerning this matter	to the following:
			ALFONSO MARTINEZ 1	CORRES
				Name of Person
			MARTINEZ CLEANUP,	LLC
			-	Firm/Company
			4117 W 20TH CT	
				Address
			PANAMA CITY FL 3240	5
				City/State and Zip Code
			E-mail address: (to be used for future annual report notification)
For furth	er inf	ormation co	ncerning this matter, please c	ali:
ALFONS	SO M	ARTINEZ	TORRES	850 960-0566 at ()
Name of Person			Person	Area Code Daytime Telephone Number
Enclosed	lisac	heck for the	following amount:	
□ \$25.0	00 Fil	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address stration Se		Street Address: Registration Section
			rporations	Division of Corporations
,	P.O.	Box 6327	, .	The Centre of Tallahassee
,	Talla	ahassee, Fi	L 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARTINEZ CLEANUP, LLC				
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on our i Liability Company)	records.)	<u> </u>
he Articles of Organization for this Limited Liab	oility Company	were filed on 01/24/2024		and assigned
lorida document number L24000045525				
his amendment is submitted to amend the follow	ving:			
. If amending name, enter the new name of t	he limited liab	ility company here:		
				202
e new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designation	"LLC" or the abbreach	tion L.C."
nter new principal offices address, if applicab	ole:	4117 W 20TH CT		10V F1
Principal office address MUST BE A STREET		PANAMA CITY FL 324	05	2 C
			;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	D P#
			15 end 27 end 27 end 27 end	င္မ
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		4117 W 20TH CT	्रे हैं रहा	03
		PANAMA CITY FL 324	05	
. If amending the registered agent and/or reg gent and/or the new registered office address		address on our records, <u>c</u>	enter the name of	the new regis
Name of New Registered Agent:	ALFONSO MARTINEZ TORRES			
New Registered Office Address:	4117 W 20TH 0	CT		
	Enter Florida street address			
	PANAMA CITY		, Florida ³²⁴⁰⁵	
		City	Zi	p 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	ALFONSO MARTINEZ TORRES	2020 PRITCHARD ST	□Add
		PANAMA CITY FL 32405	■Remove
			□Change
MGR	ALFONSO MARTINEZ TORRES	4117 W 20TH CT	= Add
		PANAMA CITY FL 32405	□Remove
			☐Change
			□Add
			□Remove
			Change
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Effectiv	e date, if other tha	n the date of f	NOVEM	BER 5, 2024	(opt	ional)
If an effec	tive date is listed, the da	ate must be specific	and cannot be p		or more than 90 days after	r filing.) Pursuant to 605.0207
docume	t the date inserted in i nt's effective date on	this block does not the Department	of State's recor	ds.	iling requirements, th	is date will not be listed as
		·				
e record rd is file		ffective date, but	not an effectiv	e time, at 12:01 a	m. on the earlier of: (b) The 90th day after the
Dated N	OVEMBER 5		2024			
Dated _				·		
			/ //			

Filing Fee: \$25.00

Typed or printed name of signee