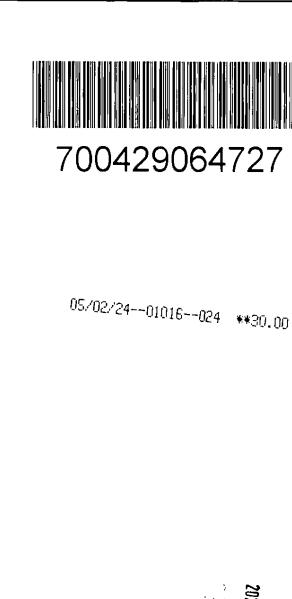
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP MAIT. MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status ____ Special Instructions to Filing Officer.

Office Use Only

COVER LETTER

	egistration Se- ivision of Cor					
CHBILLER		IARTINS LLC				
SORTECT	`:	Name of Lim	ited Liability Company			
The enclos	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please retu	rn all correspo	ndence concerning this matter	to the following:			
			Name of Person			
		OBANNED CONOUNTRY				
SPANNER CONSULTING LLC						
Firm/Company						
1076 W SAMPLE ROAD						
Address						
		POMPANO BEACH, FLO	ORIDA - 33064			
		_	City/State and Zip C	ode		
		FLORIDA@FSPANNER.C	to be used for future and		Toolion)	
For further	information c	oncerning this matter, please c		лиат героте попт	cation)	
	DA SPANNEF	-	754	457-6647		
	Name of	f Person	at () Area Code	Daytime	e Telephone Number	
Enclosed is	s a check for th	ne following amount:				
□ \$25,00) Fifing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing I Certified Cop (additional copy i	y	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	<u>lailing Addres</u> egistration S			et Address: istration Sec	etion	
Division of Corporations			Divi	Division of Corporations The Centre of Tallahassee		
	.O. Box 632 allahassee, f				allahassee e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SR & SR MARTINS LLC				
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)			
The Articles of Organization for this Limited Liability Company were filed on 04/09/2024 Florida document number 124000168885				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	company here:			
SR & SRA MARTINS LLC				
The new name must be distinguishable and contain the words "Limited Liability C	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)	124			
	AY T			
_	-2			
Enter new mailing address, if applicable:	SSE P III			
**	TO ST D			
Mailing address MAY BE A POST OFFICE BOX)	2			
-				
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, <u>enter the name of the new regis</u>			
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 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 Title Name Address Type of Action _____ □Remove _____ □Change □ Change _____ □Add _____ □Remove _____ □Change _____ 🗆 🚾 🗀 Add _____□Remove _____ Change _____ □ Change

____ Change

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fan effectiv <u>Note:</u> Hild	date, if other than the date of filing:
record sp d is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	04.22 2024
	104.22 2024. Linenta Martins Signature of a member or authorized representative of a member
	IVO Leonardo Pimenta Martins Typed or printed name of signee