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(((H240001848373)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : 120190000044 Phone : (407)888-3131 Fax Number : (888)453-0509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Accountanta taxzonefl. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARTINEZ MARKETING SOUTION LLC

Certificate of Status	0
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MAY 2 3 2024

T. LEMIEUX

To:

COVER LETTER

TO:	Registration Se Division of Co	ection rporations		
SI:DIE		Z MARKETING SOUTION I	LC	
PODJE	СТ:	Name of Lin	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		ED KOTLER		
		**************************************	Name of Person	
		TAX ZONE INC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		8865 COMMODITY CIR	STE 4	
			Address	
		ORLANDO, FL 32819		
		The state of the s	City/State and Zip Code	417 MARIA M.,
		ACCOUNTANT@TAXZC	NEFL.COM to be used for future annual report notif	
For furt	her information c	oncerning this matter, please c	·	ucation
ED KO	TLER		407 888-3131	
	Name o	l Person	Area Code Daytimo	c Telephone Number
Enclose	d is a check for th	ne following amount:		
□ \$2 5	.00 Filing Fee	☐ \$30.00 Filing Pec & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Li \$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

(Name of the Limited Liability (A: Florida L	Company as It now appears on our records.) imited Liability Company)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L24000206236</u>	mpany were filed on 05/02/2024	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
MARTINEZ MARKETING SOLUTION LLC			
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>		
Enter new mailing address, if applicable:		**************************************	
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	e name of the ive	v registered
Name of New Registered Agent:		<u> </u>	Ti:
New Registered Office Address:			<u> </u>
•	Enter Florida street address	Ca :	
water species and the species	Floric	น์ล Zip Code	<u></u>

New Registered Agent's Signature, if changing Registered Agent:

MARTINEZ MARKETING SOUTION LLC

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.

Page: 8 of 9

To:

2024-05-23 16:36:23 GMT

18884530509

From: Tex Zone

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>Tide</u>	<u>Name</u>	Address	Type of Action
~~~~~			□Add
			. Change
			□Add
			'□ Remove
			☐ Change
		·	⊕Add
			□Remove
			☐ Change
			⊟Add
		AM	□Remove
			☐ Change
		- which distributes the continuence of the same face of the state of the same of the same of the same of the same	□Add
			□Remove
		·	☐ Change
	· · · · · · · · · · · · · · · · · · ·		
		Annual Control of the	□Remove
			☐ Change

From: Tax Zone

ii ainci	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
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Effectiv	re date, if other than the date of filing:
Note: I	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that it is effective date on the Department of State's records.
he record ord is file	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_	May 23 1. 2024
	ligitallart.
	Signature of a-member or authorized representative of a member
	Augusto A. Martinez Typed or printed name of signife