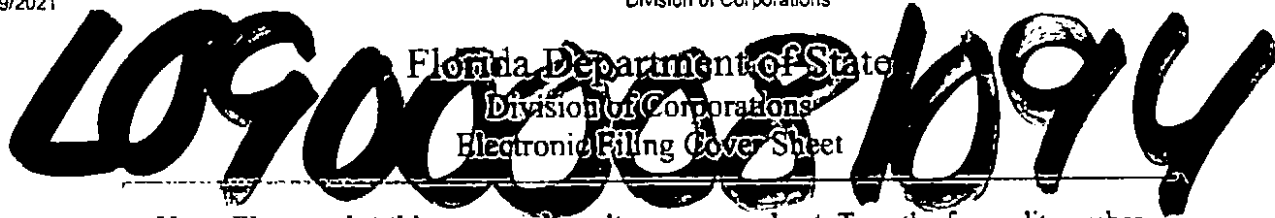


4/29/2021

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000171908 3))



H210001719083ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : MELAND RUSSIN & BUDWICK, P.A.  
 Account Number : I20040000113  
 Phone : (305)358-6363  
 Fax Number : (305)358-1221

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

Email Address: CRAMOS@MELANDBUDWICK.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 MAR-GUR 36 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2021 APR 30 PM 12:42

FILED

21 APR 30 PM 3:50

Electronic Filing Menu

Corporate Filing Menu

Help

H21000171908 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAR-GUR 36 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 AUGUST 21, 2009 and assigned Florida document number L09000081094

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)

C/O LAURENT GROLL 17749 COLLINS AVENUE, APT 2501 SUNNY ISLES, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O LAURENT GROLL 17749 COLLINS AVENUE, APT 2501 SUNNY ISLES, FL 33160

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: MELAND BUDWICK, P.A. New Registered Office Address: 200 S. BISCAYNE BLVD., SUITE 3200 MIAMI, Florida 33131

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


FILED 21 APR 30 PM 5:00

H21000171908 3

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>
MGRM	SAM GARFUNKEL	4620 PINE TREE DR.	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	 LAURENT GROLL	17749 COLLINS AVENUE APT 2501	<input checked="" type="checkbox"/> Add
		SUNNY ISLES, FL 33160	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

