L11000019842

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ALLAHASSEF FLORIDA

J. BRYAN

AHG 2 9 2011

EXAMINER

COVER LETTER

'TO: Registration : Division of Co				
SUBJECT:	MAR	CARR, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
	· .	MARIA FERNANDEZ		
		Name of Person		-
MARCARR, LLC				28 3
		Firm/Company		
	16500 CO	LLINS AVE OCEANIA	A V #555	26 ASS
		Address		SE BU
	SUNN	Y ISLES BEACH, FL 3	3160	FILED ANG 26 PM 1:48 SECRETARSEE FLORID SECRETARSEE FLORID
		City/State and Zip Code		RECT S
	E-mail address: (rorodest@hotmail.com to be used for future annual repo	rt notification)	5
For further information	concerning this matter, please	call:		
MAR	IA FERNANDEZ	at (_ 786)_	2907482	
Name of Person		Area Code & I	Daytime Telephone Numbe	er .
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 en	closed) Certifie	ate of Status &
MAILING ADDRESS:		STREET/C	OURIER ADDRESS:	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARCAF	RR, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document numberL11000019842			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	billity company here:		
	Hos :		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation "LLC" of the above viation		
Enter new principal offices address, if applicable:	16500 COLLINS AVE		
(Principal office address MUST BE A STREET ADDRESS)	OCEANIA V #555		
	SUNNY ISLES BEACH, FL 33160		
Enter new mailing address, if applicable:	16500 COLLINS AVE		
(Mailing address MAY BE A POST OFFICE BOX)	OCEANIA V #555		
	SUNNY ISLES BEACH, FL 33160		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the ne</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 the provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	olete performance of my duties, and I am familiar with and provided for in Chapter 608, F.S. Or, if this document is		

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Type of Action** <u>Name</u> **Address** MGRM JUAN I RODRIGUEZ 16500 COLLINS AVE ✓ Add Remove OCEANIA V #555 SUNNY ISLES BEACH, FL 33160 ☐ Add Remove ☐ Add ☐ Remove □ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **AUGUST 19** 2011 Dated Signature of a member or authorized representative of a member MARIA A FERNANDEZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00