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(Re	equestor's Name)	
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SCORUTARY OF STATE DIVISION OF CORPERATION

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COVER LETTER

	egistration Se ivision of Cor			
SUBJECT	Grupo Ma	rquez LLC		
SOBSECT		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	ondence concerning this matter	to the following:	
		Ana M. Marquez		
			Name of Person	
		Grupo Marquez LLC		
			Firm/Company	
		2813 Executive Park Dri	ve Suite 117	
			Address	
		Weston FL 33331		
		anamarquez@asinversio	City/State and Zip Code nes.com	<u> </u>
		E-mail address: (to be used for future annual report notif	ication)
For further	information c	oncerning this matter, please ca	all:	
Ana M. M	arquez		646 209-1696	
	Name o	f Person		Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grupo Marquez LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records, bility Company))
The Articles of Organization for this Limited Liability Company w Florida document number <u>L13000127301</u>	rere filed on 09/09/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty 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)		18
		SECIX ISICX
		— 35
Enter new mailing address, if applicable:		න
		3
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office address here:	ce address on our records.	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
	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 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	Epifanio Marquez		□ Add
		2813 Executive Park Drive	
		Suite 117 Weston FL 33331	■ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filings: If the date inserted in this block does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuant to 605,020 ry filing requirements, this date will not be listed a
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effec he 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier of
The Social day after the record is filed.	
September 14th 2018	
Signature of a member or authorized represe	

Page 3 of 3

Filing Fee: \$25.00