

L15000188518

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DEC 28 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MARGRES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARIADNA M OJEDA

Name of Person

AYUDA CENTER

Firm/Company

8100 W FLAGLER ST STE 200

Address

MIAMI, FL. 33186

City/State and Zip Code

ariadnaojeda@portal2usa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARIADNA M OJEDA

Name of Person

305 971-5232
at ()

Area Code

Daytime Telephone Number

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 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**

MARGRES 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 11/05/2015 and assigned Florida document number L15000188518.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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STATE OF FLORIDA
TALLAHASSEE

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: AYUDA CENTER

New Registered Office Address: 8100 W FLAGLER ST, STE 200
Enter Florida street address

MIAMI, Florida 33144
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	IVAN J GELVEZ JIMENEZ	CALLE 8 #10E -25 COLSAG	<input checked="" type="checkbox"/> Add
		CUCUTA, SANTANDER	<input type="checkbox"/> Remove
		COLOMBIA	<input type="checkbox"/> Change
AMBR	MARTIN H GELVEZ JIMENEZ	PARQUES RESID. CONJ A #E21	<input checked="" type="checkbox"/> Add
		CUCUTA, SANTANDER	<input type="checkbox"/> Remove
		COLOMBIA	<input type="checkbox"/> Change
AMBR	DEASY F GELVEZ JIMENEZ	URB. RINCON DE LOS PRADOS	<input checked="" type="checkbox"/> Add
		CUCUTA, SANTANDER	<input type="checkbox"/> Remove
		COLOMBIA	<input type="checkbox"/> Change
MGR	PAULO CARRERO	12999 SW 132nd TER	<input type="checkbox"/> Add
		MIAMI, FL. 33186	<input type="checkbox"/> Remove
			<input checked="" 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

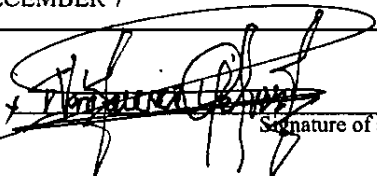
28 DEC 2008 3:58 PM
 TALLAHASSEE FLORIDA
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated DECEMBER 7, 2015.



Signature of a member or authorized representative of a member

IVAN J GELVEZ JIMENEZ

Typed or printed name of signee

2015 DEC 28 PM 3: 59
SECRETARY OF STATE
TALLAHASSEE FLORIDA