L22000241418

(Re	equestor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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SECT. AND SEE FL

COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Sec Division of Corp				
	MARMOR	4407 LLC			
SUBJEC	1:	Name of Lim	ited Liability Company		
The enclo	sed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please ret	urn all correspoi	ndence concerning this matter	to the following:		
		Julisse Jimenez, Esquire			
			Name of Person		
		Julisse Jimenez PA		illing. wing: c of Person /Company ddress c and Zip Code or future annual report notification) Area Code Daytime Telephone Number: SSET STATE S 60.00 Filing Fee, tified Copy Certificate of Status &	
			Firm/Company		
		20900 NE 30th Ave. Suite	800		
			Address		
		Aventura, Florida 33180			
			City/State and Zip Code		
		julisse@julissejimenez.com			
For furthe	er information co	oncerning this matter, please co	all:	24 J	
Julisse Ji	menez		786 406-1429 at ())	
	Name of	(Person	Area Code Day	rtime Telephone Numbers 2	
Enclosed	is a check for th	ne following amount:		്നഗ വ	
■ \$25.0	00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	ı
	Mailing Addres				
	Registration S Division of C				
	P.O. Box 632				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARMOR 4407 LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L22000241418</u>	ompany were filed on 05/24/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	<u>ESS)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	office address on our records, enter the	name of the new register
agent and/or the new registered office address here:	· 	122
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	FEE 3
	. Floric	la
	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 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
AMBR	INVERMARTIN PROPERTIES LI	2600 S. Douglas Rd, Suite 607 Coral Gables, Fl 3313	4 ≡ Add
			_ □Remove
			_ Change
MGR	ALEJANDRO MARTIN MORENC	6700 INDIAN CREEK DR APT 1107 MIAMI BEAC]F ≡ Add
			_ □Remove
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