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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mamara International, LLL Name of Limited Liability Company
The enclosed Articles of Amendment and fcc(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joalyn Davis Name of Person
Assured RX, UC Firm/Company
13555 Automobile Blud #230
Clear water, FL 33762 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (1) 459-3715 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{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

hamara International Control of the Limited Line (AF)	S NOT 10 ability Compai orida Limited L	ny as it now appears on our records.) iability Company)			
The Articles of Organization for this Limited Liabili Florida document number LDADOODDU	ty Company 45 <u>5</u>	were filed on $3/25/200$	and assigned		
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liabi	lity company here:			
The new name must be distinguishable and contain the words	'Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."		
Enter new principal offices address, if applicable	:	13555 Automobi	le Blvd		
(Principal office address MUST BE A STREET ADDRESS)		Suite 230			
		Clearwater, FL 33762			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office	egistered of		- 33762-		
Name of New Registered Agent:					
New Registered Office Address:	3555	Automobile Blv(d Suite a 30		
2	learwo		a 33707 Zip Code		
New Registered Agent's Signature, if changing Regis	tered Agent:	City	Zip code .		
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	ent and agre nd complete ed agent as p stered office	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is		
	If Char	nging Registered Agent, Signature of Ne	<u> </u>		
	Page 1	Si	0. 5.		

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 **Address** Type of Action Title <u>Name</u> Anita Rodrigues 2974 Cypress Lakes Court DAdd

Tarpon Springs, Fl 34688 & Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change ☐ Remove ☐ Change

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Filing Fee: \$25.00