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TAIL AHASSEE, FLORID

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COVER LETTER

SUBJECT: _	MARQUEZ HOL	DINGS, L.L.C.	
SUBJECT	Name of Lin	ited Liability Company	·
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		Brismel Marquez	
		Name of Person	
	Λ	1 Aarquez Holdings, L.L.C.	
		Firm/Company	
		2242 W 78 Street	
		Address	
		Hialeah, FL 33016	
		City/State and Zip Code	
		smelmarquez@yahoo.com	
	E-mail address: (to be used for future annual report notif	fication)
For further information of	oncerning this matter, please co	all:	
Brismel Marquez		305 216-24	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	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:

TO:

Registration Section Division of Corporations

> 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

MARQUEZ HOLDINGS, L.L.C.
(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on May 19, 2004 and assigned Florida document number L04000037841
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
MARQUEZ HOLDINGS, LLC
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)
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:
New Registered Office Address:
Enter Florida street address
. Florida
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 t 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 his document is

If Changing Registered Agent, Signature of New Registered Agent

Philosophia and

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited

company has been notified in writing of this change.

	l from our records: Aanager		
MGR = N $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			□ Change
			Add
			Remove
			Change
			Add
			□ Remove
			□ Change
			
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			FLORE Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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<u>Note:</u> If	e date, if other tive date is listed. The date inserte t's effective dat	ed in this bloo	ck does not r	neet the applica	o date of filing or m	(op ore than 90 days aft g requirements, t	otional) Her filing.) Pursuant to 605 his date will not be list	5,0207 (3 ed as th
	rd specifies a Oth day afte				: an effective t	ime, at 12:01	l a.m. on the earli	er of:
Dated	BPRIL	12	· <u>*</u>	. <u>2017</u>	//		17 ALLI	
		S	Signature of a	member of autho	rized fepresentative	of a member	ASE PRO	7
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				Typed or printed	d name of signee		7,0	J.
				Typed or printe	d name of signee		F STAT	.

Filing Fee: \$25.00