

L 05000027672

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12 NOV 19 AM 11:21
SECRETARY OF STATE
TAMM/MSSE, PEORIN

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **MARSZ PROPERTIES, 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:

CHOWDHURY KABIR

Name of Person

CMAx CONSULTING

Firm/Company

4928 10TH AVE N

Address

GREENACRES, FL- 33463

City/State and Zip Code

CKABIR7@GMAIL.COM

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

For further information concerning this matter, please call:

CHOWDHURY KABIR

Name of Person

at (**561**) **202-6620**

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**

12 NOV 19 AM 11: 21

MARSZ PROPERTIES, LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records, FLORIDA)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 21ST 2005 and assigned Florida document number L05000027672.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

17240 NORTHWAY CIRCLE

BOCA RATON FL - 33496,USA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17240 NORTHWAY CIRCLE

BOCA RATON, FL - 33496,USA

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

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 608, 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

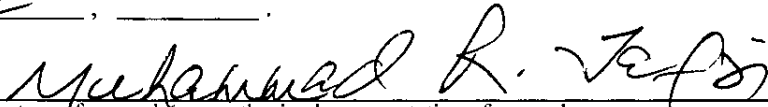
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DEEPAK KHOSA	17240 NORTHWAY CIR	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL-33496	<input type="checkbox"/> Remove
MGR	MUHAMMAD R JAFRI	17240 NORTHWAY CIR	<input type="checkbox"/> Add
		BOCA RATON, FL-33496	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated 11-12-12, _____.



Signature of a member or authorized representative of a member

MUHAMMAD R JAFRI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L05000027672
FILED 8:00 AM
March 21, 2005
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:
MARSZ PROPERTIES, LLC.

Article II

The street address of the principal office of the Limited Liability Company is:
18036 MAMBO DRIVE
BOCA RATON, FL. US 33496

The mailing address of the Limited Liability Company is:
18036 MAMBO DRIVE
BOCA RATON, FL. US 33496

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
MUHAMMAD R JAFRI
18036 MAMBO DRIVE
BOCA RATON, FL. 33496

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MUHAMMAD R. JAFRI

Article V

The name and address of managing members/managers are:

Title: MGR
MUHAMMAD R JAFRI
18036 MAMBO DRIVE
BOCA RATON, FL. 33496 US

Title: MGR
MAHAMUNIR JAFRI
18036 MAMBO DRIVE
BOCA RATON, FL. 33496 US

Article VI

The effective date for this Limited Liability Company shall be:

03/21/2005

Signature of member or an authorized representative of a member

Signature: MUHAMMAD R. JAFRI

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FILED 8:00 AM
March 21, 2005
Sec. Of State
mthomas