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T. CLINE
APR 1 4 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MAR GLOBAL STRATEGIES, 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:
DALE REYMOLDS (Name of Person)
Mar ano BAL STRATEGIES, LLC (Firm/Company)
3512 SE FAIRWAY DAKS TRATL
SIUART, FL 34997 (City/State and Zip Code)
For further information concerning this matter, please call:
For further information concerning this matter, please call: DALE R. RETNOLDS at (S61) 951-1682 PR PR PR PR PR PR PR P
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, 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

M4R ALC (Name of the Limite	STE STE STE STE STEE STEE STEE STEE STE	スペーてをはしをS as it now appears bility Company)	on our records.)	<u>.</u>	
The Articles of Organization for this Limited Florida document number	Liability Company w			and assigned	
This amendment is submitted to amend the fo	ollowing:				
A. If amending name, enter the new name		-			
The new name must be distinguishable and end w "L.L.C."	vith the words "Limited	l Liability Company	y," the designation "	LLC" or the abbrev	iation
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:	TALS	R. REY	(4102-DS	PR 11 RETARY AHASSE	F
New Registered Office Address:	3512	SE FATE		TOATE N	_ _ _
	STUF		, Florida	3 9997 (Zip Code)	
1	'	, e.i.,) I	· ·	(24)	

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 = Ma MGRM = I	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	·	· · · · · · · · · · · · · · · · · · ·	APA Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	O: 26
			
			_
Dated	4/8/08,	To la	
		r or authorized representative of a member CEROLDS or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00