208000067511

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EXAMINER

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COVER-LETTER

Division of Co			
SUBJECT: Marod	Services LLC		
		ted Liability Company)	
	Amendment and fee(s) are submondence concerning this matter	-	
Trease return an correspo	machee concerning and make	to but totto ming.	
	Sursattie Maraj		
	·•·•	(Name of Person)	
	Narod Services LLC		2009 TAL
	L CRE		
	8421 S. Orange Blossom	Trail Suite 115	APR -7 PM
		(Address)	F. 97 72
	Orlando Florida 32809		2009 APR -7 PH 2: 1: SECRETARY OF STAT TALLAHASSEE. FLORI
		(City/State and Zip Code)	DM J
For further information of	concerning this matter, please ca	all:	
Sursattie Maraj		at (407) 808-0989	
(Name	of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marod Services LLC			
(Name of the Limited	Liability Compa Florida Limited	ny as it now appears on our record Liability Company)	<u> s.</u>)
The Articles of Organization for this Limited L	and assigned		
Florida document number L08000067511			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	ZOOS TAL
Narod Services LLC			SECRE
The new name must be distinguishable and end wi	th the words "Lim	ited Liability Company," the designa	tion "LIG" or the abbreviation
"L.L.C."			mi~<
Enter new principal offices address, if applic	able:	8421 S. Orange Blossom Trail	PAR D
(Principal office address MUST BE A STREET ADDRESS)		Suite 115	ORAT A
		Orlando , Florida 32809	DM Ø
			,
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
,			
B. If amending the registered agent and/			nter the name of the new
registered agent and/or the new registered of	fice address her	<u>e</u> :	
	,		
Name of New Registered Agent:	Sursattie Mara	<u> </u>	
New Registered Office Address: 8421 S. Orange Blossom Trail Suite 115			
		(Enter Florida stre	et address)
	Orlando	, Florid	ia 32809
,		(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>	Address	Type of Action
MGR	Sursattie Maraj	8421 S. Orange Blossom Trail Suite 115 Orlando, Florida 32809	Add Remove
MGRM_	Armando R. Rodriguez	8421 S. Orange Blossom Trail Suite 115 Orlando Florida 32809	Add Remove
MGR	Jose G Martinez Perez	8421 S. Orange Blossom Trail Suite 115 Orlando, Florida 32809	TALLEY RAMOVE
	Ruth Martinez	8421 S. Orange Blossom Trail Suite 115 Orlando, Florida 32809	Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if neces	Add Remove
Dated 02 Apr	Susate	2009 . Le Maray	·
	Signature of a n	nember or authorized representative of a member RSATTIE MAKAT	
	<u> </u>	Typed or printed name of signee	
		· A E · · · · E · · · · · · · · · · · ·	

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