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11 JUN 30 AN II: 18

SECRETARY OF STATE

COVER LETTER

TO: Registration Division of C	Section orporations		
SUBJECT:	Marriage	Partners, LLC	•
		ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter t	to the following:	
		Tshai M. Bailey	
		Name of Person	
	Ma	arriage Partners, LLC	
		Firm/Company	
	19	9103 SW 96 Avenue	
·		Address	
	C	Cutler Bay, FL 33157	
		City/State and Zip Code	-
	E-mail address: (to	aileyt25@yahoo.com o be used for future annual report notificat	ion)
For further information	n concerning this matter, please ca		,
_			
	Shai M. Bailey e of Person	at (<u>305</u>) <u>25</u> Area Code & Daytime To	11-7460 Elephone Number
Enclosed is a check for	r 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 ARTICLES OF ORGANIZATION **OF**

FILED

	Mariage Pa	artners LLC		11 JUN	30 AM 11: 18
(Name of the Limited	d Liability Comp A Florida Limited	any as it now appear Liability Company)	s on our i	SECRET, ALL AHA	ARY OF STATE SSEE, FLOREA
The Articles of Organization for this Limited L	Liability Compan	y were filed on	April 9	2009	and assigned
Florida document numberL0900003	4907				
This amendment is submitted to amend the fol	lowing:		•		
A. If amending name, enter the new name o	of the limited lig	bility company her	<u>'e</u> :		
	Marriage 1	Го Go LLC	· · · · · · · · · · · · · · · · · · ·		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lir	mited Liability Compa	iny," the d	esignation	"LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	Same			
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>				
Enter new mailing address, if applicable:		Same			
(Mailing address MAY BE A POST OFFICE	F ROX)		·		
Muning address MAI BE A 1 651 Of 11CE	<u>, 6011</u>				
B. If amending the registered agent and registered agent and/or the new registered of	•		our reco	rds, <u>enter</u>	the name of the new
Name of New Registered Agent:	Same				
New Registered Office Address:	Same	·			
		En	ter Floria	la street a	ddress
			,	Florida _	
		City			Zip Code
New Designand Agentle Cignature if shanging	Desistand Ass				

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 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

	<u>Name</u>	<u>Address</u>	Type of Action
	Same		□ Pamova
			[] D
_ _			
			i □ Damasua
<u></u>			
			(TD
	ding any other information, enter c	hange(s) here: (Attach additional she	SECRETARY
O1	nly the name change to Marria		SACRETA SERVICE FOR SERVICE SE
	June 24, 2011		FILED 11 JUN 30 AN II: 18 SECRETARY OF STATE THALANASSEE, FLORIDA

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Filing Fee: \$25.00