

L09000072959

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 16 2013

J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MARFIL, 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:

MILTON L. PEREZ

Name of Person

MLP FINANCIAL GROUP INC

Firm/Company

4005 NE 114TH AVE UNIT 5

Address

DORAL FL 33178

City/State and Zip Code

MPEREZ@PREMIUMTAXSERVICES.COM

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

For further information concerning this matter, please call:

MILTON PEREZ

Name of Person

305 406-3858

at ()

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MARFIL, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/29/2009 and assigned
Florida document number L09000072959

This amendment is submitted to amend the following:

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

N/A

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)

4005 NW 114TH AVE

UNIT 5

DPRAL FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4005 NW 114TH AVE

UNIT 5

DORAL FL 33178

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:

MLP FINANCIAL GROUP INC

New Registered Office Address:

4005 NW 114TH AVE UNIT 5

Enter Florida street address

DORAL

City

Florida 33178

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>
MGRM	JIMIJO OPERATIONS LIMITED	4005 NW 114TH AVE	<input checked="" type="checkbox"/> Add
		UNIT 5	<input type="checkbox"/> Remove
		DORAL FL 33178	
MGRM	ALBERTO R HAILS	475 WOODCREST ROAD	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		KEY BISCAYNE, FL 33149	
MGRM	MARIA H AGUIRRE	475 WOODCREST ROAD	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		KEY BISCAYNE, FL 33149	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

N/A

Dated SEPTEMBER 11, 2013



Signature of a member or authorized representative of a member

ALBERTO R HAILS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA