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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FAUL SALVER, P.A.

Account Number : 120020000087 Phone : {954}389-1333

Fax Number : (954)389-1397

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARALES, LLC

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K. SALY

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limiter Lie)	MARALES, LLC	Marie an ann ann		
(Name of the Limited Liab (A Firm	ida Lunited Liability Com	iany)	,	
The Articles of Organization for this Limited Liability	ty Company were filed or	7/15/11	and assigned	
Florida document number L11000081513				
This amendment is submitted to amend the following		क्षेत्र विकास करिया के प्राप्त के प्रियमित्र कार्यक्ष विकास के प्रियम्ब के प्राप्त के प्राप्त के प्राप्त के प् प्राप्त के प्राप्त के प	स्तरात्त्वा सः व्याप्तरात्त्वात्त्वात्त्वे स्थापीत्रात्त्वात्त्वात्त्वात्त्वात्त्वात्त्वात्त्वात्त्वात्त्वात्त	
A. If amending name, enter the new name of the I	limited liability compan	y here:		
	· · ·			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability C	ompany," the designation	"LLC" or the abbrevia	
Enter new principal offices address, if applicable:	9350 NW	25TH STREET		
(Principal office address MUST BE A STREET AD	<u>DRESSI</u> DORAL, I	FL 33172		
	-	·		
Enter new mailing address, if applicable:	9350 NW	9350 NW 25TH STREET		
Mailing address MAY BE A POST OFFICE BOX	DORAL, I	DORAL, FL 33172		
			· · · · · · · · · · · · · · · · · · ·	
			. 46 u.e 43 m	
 If amending the registered agent and/or reg egistered agent and/or the new registered office ad 		od our records, <u>earci</u>	Inc pame of the n	
				
Name of New Registered Agent:			·	
New Registered Office Address: 935	O NW 25TH STREE	т		
THE HORSELFON WILLIAM FROM COS.		Enter Florida street at	káress	
	DORAL	Florida	33172	
**************************************	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 smeading the Managers or Managing Members on our records, enter the title, name, and address of such Manager or Managing Member being added or removed from our records:

	<u>Nanto</u>	Address	Type of Action
	***************************************		Add
***	total en la companya de la companya	e e e e e e e e e e e e e e e e e e e	
	N	and the second s	- Add
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. If smead	ling any ofher information, cut	er chapge(s) here: (Attach additional thee	ets, if necessary.)
-	DRESS OF MANAGER LA 50 NW 25TH STREET, DO	NURA BINNAGGIA CHANGES TO: PRAL, FL 33172	
	Settensel 19		
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Page 2 of 2 Filtug Fee: \$25.00