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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificate	s of Status			
Special Instructions to	Filing Officer	" '			
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Office Use Only



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COVER LETTER Registration Section TO: **Division of Corporations** 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: Name of Person /-12 G RSC 7WWy . Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marzel L	LC.		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liabilification for the Limited Liabilification of the Liabilification o		and assigned	d
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	nent is submitted to amend the following: ting name, enter the new name of the limited liability company here: e must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation principal offices address, if applicable: ffice address MUST BE A STREET ADDRESS) mailing address, if applicable: dress MAY BE A POST OFFICE BOX) adding the registered agent and/or registered office address on our records, enter the name of the new gent and/or the new registered office address here: me of New Registered Agent:		
The new name must be distinguishable and end with th "L.L.C."			
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
		he name of th	e new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida atract ada	_ <u></u>	
_	, Florida	PR 2	
Non-Basistand Assault Co.	•	Zip Code	:17
New Registered Agent's Signature, if changing Regi	stered Agent:	्रम् इस्त्री क्षा	37m4. p

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

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** Brent Martini 2232 NW 82ND MGR 33122 Remove Remove Remove Remove

D.	If amending	any other	information, ente	r change(s) he	re: (Attach additional sheets, if necess	ary.)
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Dat	ted/	1prul	17	2013	•	
			glan.	al		
			Signature of a	member or auth Heney	orized representative of a member	
			<u>.</u>		ed name of signee	

Page 3 of 3

Filing Fee: \$25.00