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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	)
(Do	ocument Number)	
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B. KOHR

SEP - 5 2012

**EXAMINER** 



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SECRETARY OF STATES

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 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:
Ziornara Marcode Name of Person
MMARC. LLC Firm/Company
13055 Bird Road, Suite 204
Mi ami, fl 33 175 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
210mara Marcote at (305) 274-5750  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S30.00 Filing Fee & S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
<b>&gt;</b> 1

## 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

MMARC	LLC			4 00 ST
(Name of the Limited	Liability Compa Florida Limited	iny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited L. Florida document number <u>L.2.20</u> (XXX)	iability Company		. 1	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liat	oility company her	<u>e</u> :	
The new name must be distinguishable and end wit "L.L.C."	th the words "Lim	1	ny," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applic	able:	NA		
(Principal office address MUST BE A STREE	TADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	NA		•
B. If amending the registered agent and/or the new registered of			our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	Zion	araj	Uarcot	<u>e</u>
New Registered Office Address:		$\mathcal{L}$ $\mathcal{L}$ $\mathcal{L}$	ter Florida street addr	ess
		City	, Florida	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Managing Member	NA	
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
_			
	ugust 30, 20	۱۵.	_
	Signature of a member	a Marate er or authorized representative of a member	
	ZIOM GI	d or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00