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EOV 2 1 2013

T. HAMPTOH

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mar 6: International 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:
Sidenti Spriani Name of Person
Mar-gi Incomational LLC Firm/Company
1167 Nm 158 C) Address
Miami Horida 33182 City/State and Zip Code maraiin/consistent @ mail. 18m 1:-mailaddress: (to be used for future annual report notification)
maraijn ternational eg mail. 10m
For further information concerning this matter, please call:
Name of Person at 305 537-5538 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status (additional copy is enclosed) 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

	international	LLC	
(<u>Name of the Limited L</u> (A F	iability Company as it now lorida Limited Liability Cor	y appears on our recor mpany)	<u>'ds.</u>)
The Articles of Organization for this Limited Liab Florida document number <u>L L20000</u>	oility Company were filed	on <u>/1-9-20</u>	NOV 20
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liability comp	any here:	STATE STATE
The new name must be distinguishable and end with the "L.L.C."	the words "Limited Liability	Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ss on our records,	enter the name of the new
Name of New Registered Agent:	-		
New Registered Office Address:		Enter Florida str	reet address
		. Flo	rida
	City	, 1101	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 **Title Address** Type of Action MER MARIA Urbine 9423 Fortging blow Blod XAdd Miami, F1 33172 Remove Remove Add Remove Remove

, .	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ted <u>M</u> , a	in, \$1 Nov 16 . 2013.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 NOV 20 PH 1: 49
SECRETARY OF STATE