

L12000130337

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA MARTI 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:

GUSTAVO FUNES
Name of Person
LA MARTI LLC
Firm/Company
P.O. BOX 399106
Address
MIAMI, FL 33239
City/State and Zip Code
adharaesteves@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADHARA ESTEVES at 786 3432366
Name of Person 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

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

LA MARTI 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 10/12/12 and assigned
Florida document number L12000130333

This amendment is submitted to amend the following:

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

MARBAR PROPERTIES SOLUTIONS AND INVESTMENTS LLC.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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 605, 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	THIRD LIFE CORP.	C/O GFB TAX	☒ Add
		6303 BLUE LAGOON DR.	☐ Remove
		ST. 400, MIAMI, FL 33126	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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TALLAHASSEE FL 32310

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

THE MANAGERS OF THIS COMPANY WILL NOT
HAVE THE POWER TO SELL, TRANSFER, DISPOSE,
CONVEY OR OTHERWISE ENCUMBER ANY OF THE COMPANY'S
PRESENT OR FUTURE REAL ESTATE PROPERTY WHICH
SHALL REQUIRE WRITTEN APPROVAL BY ACT OF ALL THE MEMBERS.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 7TH, 2014.

Signature of a member or authorized representative of a member

ADHARA ESTEVES

Typed or printed name of signee

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Filing Fee: \$25.00

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