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COVER LETTER

Divi	ision of Corp	orations		
SUBJECT:	IL MARE IN	NVESTMENTS LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		RICARDO BONZO		
			Name of Person	
		IL MARE INVESTMENT	'S LLC	
			Firm/Company	
		5481 WILES RD STE 505		
		•	Address	
		COCONUT CREEK FL 3:	3073	
			City/State and Zip Code	
		ariel.giglio@deluxerealty.u		
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
RICARDO	BONZO		at (Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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

TO:

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

IL MARE INVESTMENTS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our rec Liability Company)	<u>cords.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 12/11/2012	and assigned
lorida document number L12000154244		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "	
Enter new principal offices address, if applicable:		100 m
Principal office address MUST BE A STREET ADDRESS)		32 22
		To n
Inter new mailing address, if applicable:		- o .
Mailing address MAY BE A POST OFFICE BOX)		ATE ORNER
		
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	dress
		, 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized.Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARIA REAL	5481 WILES RD STE 505	□ Add
		COCONUT CREEK FL 33073	■ Remove
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