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		COVER LETTER		
TO: Registration Se Division of Cor		* * * * * * * * * * * * * * * * * * *	•	
SUBJECT:	MARM LL Name of Limit	ed Liability Company	nur arkkur arkkinni kilikur arkinni kilikur ark	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Mor	ica Castillo		
		Name of Person	1,410) 麗芳	a Till
		Firm/Company	現 い	
	248	SW 48 AVQ . Address	Eg :	3.09
	MIA	UI PL 3313A	ORIGA	09
	HATRM	City/State and Zip Code LC@ aOl .COM o be used for future annual report not	fication)	
For further information of	concerning this matter, please ca	<u>-</u>	,	
Alexander	Castillo		No Co Co ne Telephone Number	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee, Certificate of Status &	,

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAT	RMILLC	
(Name of the Limited Lia (A Flo	bility Company as it now appears on o orida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabi Florida document number L1300001 Le	1 -	0/13 Francis igned
This amendment is submitted to amend the following	ng:	SEE. ST.
A. If amending name, enter the new name of th	e limited liability company here:	OR ID
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," tl	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	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 offic		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida 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 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	Name	Address	Type of Action
MGRM	Alexander Castillo	248 SW 48 AXO	Add
		MIAMI FL 33134	Remove
MGNLY	Rolando Rodriguez	2779 SW 31 AW MIAMI FL 33133	Add Remove
<u>rgilu</u>	Monica Castillo	248 SW 48 AWQ MIAM I FL 33134	Add Remove
MGRM	Tiftany Rodriguez	2779 SW 31 AWO MIAMI PL 33133	Add
			Add
			Remove
			Add
			Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Please Keep Monica Castillo as our
	Please Keep Monica Castillo as our registered Agent only.
	· · · · · · · · · · · · · · · · · · ·
Dated	April 25 , 2013.
	Months.
	Signature of a member or authorized representative of a member
	Monica Castilla
	Typed or printed name of signee
	Page 2 of 3

Page 3 of 3

Filing Fee: \$25.00