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SECREJARY OF STAFE

B. BOSTICK
MAY - 8 2013
EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Maropami Investments 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:

Bernardette Bermudez Name of Person Maropami Investments LLC Firm/Company 9466 NW 54 DORAL CIRCLE LANE

9400 NVV 54 DURAL CIRCLE LANE

DORAL, FL 33178

City/State and Zip Code

mbermudez@mbempresas.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bernardette Bermudez

Name of Person

ູ, 305ຸ**778-4649**

Area Code & Daytime Telephone Number

LARY OF STATE

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

Maropami Investments LL				
(<u>Name of the Limited</u>	Liability Company as it no Florida Limited Liability C	ow appears on our records.) ompany)		_
The Articles of Organization for this Limited L Florida document number L13000049577			and	d assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability com	pany here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liabil	ity Company," the designation	ı "LLC" or	the abbreviat
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	2013
	· 		_ <u>∑</u> 22	#
			AS	1
Enter new mailing address, if applicable:			338 3 7 8	Q) {
(Mailing address MAY BE A POST OFFICE BOX)				A iii
			82	<u> </u>
			₽m	ည သ
B. If amending the registered agent and/ registered agent and/or the new registered o	•	ress on our records, ente	er the nai	ne of the n
Name of New Registered Agent:	Bernardette Berm	udez		
New Registered Office Address:	9466 NW 54 DOR	AL CIRCLE LANE		
		Enter Florida street a	address	
	DORAL	, Florida	33178	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Victor Jimenez	14342 Ardoch Place	Add
		Miami Lakes, FL 33016	Remove
MGR	Bernardette Bermudez	9466 NW 54TH DORAL CIRCLE LAN	E 🕢 Add
		Doral, FL 33178	Remove
			Remove
		TALLAHASSEE. FL	2013 Add Rempve
		ORID PA	8: 55 Add
			Remove
			Add
			Remove

April 25th, 2013.	
April 25th, 2013.	
1/- A.	
V	
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00

SECRETARY OF STATE