## 13000072917

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## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	MARKA INTERNAT	TIONAL, LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	PAUL PALMER, E	SQ. Name of Person	
	DAIMED DAIMED C		
	PALMER, PALMER &	Firm/Company	
	12790 SO. DIXIE H	IGHWAY Address	
	MIAMI, FL 33156		
		City/State and Zip Code	
	Paül@ppmpalaw.co E-mail address: (t	m o be used for future annual report notificati	on)
For further information of	oncerning this matter, please ca	all:	
Paul Palmer Name of Person		at ( <u>305</u> ) <u>378-0011</u> Area Code & Daytime Te	elephone Number
		·	•
Enclosed is a check for the	he 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:

TO:

Registration Section

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

	Company as it now appears on our records
(A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>May 17, 2013</u> and assigned
Florida document number <u>L13000072917</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDR	PESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	ered office address on our records, enter the name of the new
registered agent and/or the new registered office addr	ress nere:
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 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	<u>Name</u>	Address	Type of Action
MGRM	Richard N. Adams	6485 Oxford Circle, #101	X Add
		Vero Beach, FL 32966	Remove
MGR	Pablo Rodriguez	7381 SW 67 Street	Add
		Miami, FL 33157	X Remove
MGR	Nicholas Grossi	268 Egret Way	Add
		Weston, FL 33327	X Remove
•			Add
			Remove
<del></del>			Add
			Remove
		<u> </u>	Add
			Remove

D. If a	meading	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	June	17
		Signature of a member or authorized representative of a member
		Paul Palmer, Authorized Representative Typed or printed name of signee
		Page 3 of 3

Filing Fee: \$25.00

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