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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUB IFCT.

Mar Strelec 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:

## Miguel J. Chamorro

Name of Person

Lydecker Diaz LLC

Firm/Company

1221 Brickell Avenue, 19th Floor

Address

Miami, FL 33131

City/State and Zip Code

mnates@marstrelec.com

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

For further information concerning this matter, please call:

Miguel J. Chamorro

305,416-3180

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

Mar Strelec LLC			
(Name of the Limited	l Liability Company as it now appear A Florida Limited Liability Company)	rs on our records.)	<del></del>
(2	riorida Ellinted Liability Company)		•
The Articles of Organization for this Limited L	iability Company were filed on 5/2	2/2013	_ and assigned
Florida document number L13000075190			_ •
	<del></del> .		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company her	<u>·e</u> :	
not applicable			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Compa	my," the designation "LL	C" or the abbreviatio
Enter new principal offices address, if applie	eable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
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Enter new mailing address, if applicable:		int P	argue argue Santo Santo Santo Santo
(Mailing address MAY BE A POST OFFICE		<u> </u>	2
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		<u></u> <u></u>	31
D. If amonding the section of a contract			
B. If amending the registered agent and/ registered agent and/or the new registered o		our records, <u>enter: the</u>	e name of the nev
Name of New Registered Agent:	not applicable		
New Registered Office Address:			
	En	ter Florida street addre.	ss
		, 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, <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> MGRM	Name Jessica Strelec	Address Carrera 105#11-56	Type of Action  Add
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>n</u>	ot applicable
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-	
Dated Oct	tober 18 2013
	mg grande
	Signature of a member or authorized representative of a member
	Miguel J. Chamorro
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00



### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 29, 2013

MIGUEL J. CHAMORRO LYDECKER DIAZ LLC 1221 BRICKELL AVENUE, 19TH FLOOR MIAMI, FL 33131

SUBJECT: MAR STRELEC LLC Ref. Number: L13000075190

We have received your document for MAR STRELEC LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 813A00025236