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TO: Registration Section

Division of Corporations

MAR PROPERTY MANAGEMENT GROUP 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:

MICHELE A ROBBINS

Name of Person

MAR PROPERTY MANAGEMENT GROUP LLC

Firm/Company

P.O. BOX 213472

Address

ROYAL PALM BEACH, FL 33431

City/State and Zip Code

MICHELE.ROBBINS@YAHOO.COM

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

For further information concerning this matter, please call:

MICHELE A. ROBBINS

_561 <u>666-2210</u>

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)

Ç

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 PROPERTY MANAGEMENT GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	y were filed on 0	5/29/2013	and assigned
Florida document number L13000077830			_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company h	ere:	
N/A			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Com	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			70 lg
			30.5
Enter new mailing address, if applicable:	N/A	,	· ကိ
(Mailing address MAY BE A POST OFFICE BOX)			
			200 200 - 100 -
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		our records, enter the	e name of the nev
Name of New Registered Agent: N/A			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City		Zip Code
New Degistered Agent's Signature if changing Degistered 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 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 Type of Action <u>Name</u> <u>Address</u> MARCUS NASH 4111 LEIMERT BLVD #3 MGRM LOS ANGELES, CA 90008 Remove P.O. BOX 213472 MGRM DYLAN ROBBINS **ROYAL PALM BEACH, FL 33421**

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
- 	
Dated Oct	tober 19 2013
	Isulele Co Kill
	Signature of a member or authorized representative of a member
	Michele A. Robbins
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00