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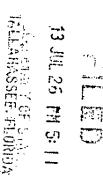
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COVER LETTER

' TO: Registration Section
Division of Corporations

" MARENAS LACOPINI, 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:



Name of Person

Firm/Company

19501 EAST COUNTRY CLUB DR APT. 9604

Address

AVENTURA, FL 33180

City/State and Zip Code

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

For further information concerning this matter, please call:

ARTURO YACOPINI

954 632-1272

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

السب من المنافقة المنافقة

		- E	نت		
MARENAS LACOPINI, LLC		* > (1)	<u></u>		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		7	L-)	coeffet;	
(A Florida Palitica FA	ability Company)		٥١		
The Articles of Organization for this Limited Liability Company	were filed on 07/15/2013	and a	assign	ed 1	
Florida document number L13000099930			Ų١		
riolida document fidinoci		2	$\overline{\sim}$		
		35			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company here:				
MARENAS IACOPINI, LLC					
The new name must be distinguishable and end with the words "Limit "L.IC."	ed Liability Company," the designation "l	LLC" or th	ie abbi	reviation	
Enter new principal offices address, if applicable:	18683 COLLINS AVENUE APT. 1907				
(Principal office address MUST BE A STREET ADDRESS)	SUNNY ISLES BEACH, FL 33	3160			
Enter new mailing address, if applicable:	18683 COLLINS AVENUE APT. 1907				
	SUNNY ISLES BEACH, FL 33160				
(Mailing address MAY BE A POST OFFICE BOX)	0011111102200221011,120				
		41		.L	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name	<u> </u>	пе пем	
registered agent undro. the new registered office and soo new	i*				
Name of New Registered Agent:		<u>. </u>			
New Registered Office Address:					
	Enter Florida street add	dress			
	, Florida				
	City	Zip Co	ode		

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 <u>Title</u> <u>Name</u> Address Type of Action Add Remove Add Remove Remove Remove Remove Remove

D. If amending any oth N/A	ner information, enter change(s) here: (Attach additional sheets, if nece	essary.)		
			-	
			_	
Dated JULY 17	2013		_	
	7/2/			_
	Signature of a member or authorized representative of a member Arturo Acopini			_
	Typed or printed name of signee Page 3 of 3			
	Filing Fee: \$25.00	MELARA!	उत्तार हा	Control of
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