L13000117489

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	: #)
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

MARZOL SERVICES 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 MARZOL

Name of Person

MARZOL SERVICES LLC

Firm/Company

921 SW GAITOR AVE

Address

PORT ST LUCIE, FL 34953

City/State and Zip Code

CARMENMARZOL@YAHOO.COM

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

For further information concerning this matter, please call:

MIGUEL MARZOL

,772,626-0304

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

MARZ	OL SERVICES LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our rec Limited Liability Company)	ords.)		
The Articles of Organization for this Limited Liability	Company were filed on 08/20/2013	 .	and assig	gned
Florida document numberL13000117489	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Company," the desi	gnation "LLC"	or the ab	breviation
Enter new principal offices address, if applicable:	****			
(Principal office address MUST BE A STREET ADD	PRESS)	57 m	(E)	
		,— ;, <u>;===;</u>	墨	•·
		in b	- A	ا سهو د هاد
Enter new mailing address, if applicable:		<u> </u>	တ]
(Mailing address MAY BE A POST OFFICE BOX)			7	grana.
		(D) -1		r 1 ₂ +#1
		<u> </u>	9	_
B. If amending the registered agent and/or regi		s, enter the r	name of	the nev
registered agent and/or the new registered office ad	aress nere:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida	street address		
		lorida	in Cade	
	City	Z	ip 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

<u>Title</u>	Name	Address	Type of Action
MGRM	MIGUEL MARZOL	921 SW GAITOR AVE	Add
		PORT ST LUCIE, FL 3495	Remove
			Add Remove
		-1 -2 -2	Add Remove
			Add
			_ Add _ Remove
			Add Remove

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
-	
-	
-	
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_	
Dated	NOVEMBER 5 2013
	The Warrel
	Signature of a thember of authorized representative of a member
	MIGUEL MARZOL
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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