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COVER LETTER

SUBJECT:	3054 Marco Lane LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Marion Paul Broome	
	·	Name of Person	
		3054 Marco Lane LLC	
		Firm/Company	
		P.O. Box 1759	
		Address	
		Stuart, Florida 34995	
		City/State and Zip Code	
		mpbroome@hotmail.com	
	E-mail address: (t	o be used for future annual report notificat	ion)
For further information	concerning this matter, please c	ali:	
	Paul Broome	at (772) 528-4137	
Name (of Person	Arca Code & Daytime To	elephone Number
Enclosed is a check for t	the following amount:		
33 \$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

TO:

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

3054 Marc	o Lane LLC				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appe Liability Company	ears on our records.)			
The Articles of Organization for this Limited Liability Compan	y were filed on	August 30, 2013	;	and assi	igned
Florida document numberL13000123196					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company h	<u>ere</u> :			
n/a					
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Com	pany," the designation	n "LLC"	or the a	bbreviatio
Enter new principal offices address, if applicable:	163 S. S	ewall's Point Road			
(Principal office address MUST BE A STREET ADDRESS)	Stuart, F	lorida 34996			
		·	`` <i>S</i>	h sa 🏟	
			; — ; ; ;	ارات ا	+ ;
Enter new mailing address, if applicable:	n/a			(1771 + 169	
Mailing address MAY BE A POST OFFICE BOX)	n/a			ລອີ	
	n/a			777) 1313	
D. If amonding the unistant and and and and are	.ee		48.5		745 1
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		our records, ente	er the n	ame of	the new
Name of New Registered Agent:	n/a				
New Registered Office Address:	n/a				
	I	Enter Florida street d	address		
	n/a	, Florida	<u></u>	n/a	
· - 1	City		Zi	p 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 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 = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			
			L Add
			Remove
			
			Remove
			_
			
			Remove
			_ Add
			Remove
			_
			_ Add
			 -
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	n/a
Dated	January 30 2014
	THE STATE OF THE S
	Signature of a member or authorized representative of a member
	Marion Paul Broome
	Typed or printed name of signee
	Page 3 of 3

rage 5 of 5

Filing Fee: \$25.00