Florida Department of State

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARCOAH GROUP USA LLC

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Corporate Filing Menu 1 0 2014

Help

T. HAMPTON

COVER LETTER

	egistration Se ivision of Com					
	MARCO	AH GROUP USA LLC				
SUBJECT	r:	Name of Limit	ted Liability Company			
		Amendment and fee(s) are subrandence concerning this matter t	-			
		Lindsay Miller				
			Name of Person			
		Linder Law Group				
Firm/Company						
		1111 Brickell Ave Su	111 Brickell Ave Sulte 2200			
		Address				
		Miami, FL 33131				
		City/State and Zip Code				
		Lindsay@linderlawgr	OUP.COM to be used for future annual report notifies	ation)		
For furthe	r information c	oncerning this matter, please or	-	,		
Lindsay	Miller		305 717-7100			
	Name o	f Person	Area Code Daytina T	elephone Number		
Enclosed	is a check for t	ne following amount:				
□ \$25.0	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is exclosed)	☐ \$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

TALLAHASSEE, FLORIDA

MARCOAH GROUP USA 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 were filed on U9/09/2013	and assigned
Florida document number L13000126822		
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 words "L	imited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new malling address, if applicable: (Malling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	ia
	CIIY	Ell Circu

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title <u>Name</u> Address Type of Action MGR Naoum Zarcadoolas 100 NE 6th Street Unit 107 Add Boynton Beach, FL 33435 ☐ Remove MGR Jonathan Segal 55 NE 2nd Avenue Ste 306 □ Add Deiray Beach, FL 33444 ■ Remove DbA 🗆 DbA □ □ Add __ Remove

If amending any other information, enter change(s) here: (Attack	additional sheets, if necessary.)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) I cannot be more than 90 days after
Dated NOVEMBER 10, 2014.	
Lindsay Willer	sentative of a member
Typed of printed name of	signee

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Filing Fee: \$25.00

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