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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Sec Division of Corp									
OLUB II		mol Plus Properties								
Name of Limited Liability Company										
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	•						
Please	return all correspon	ndence concerning this matter	to the following:							
		Domingo Santana								
			Name of Person	· · · · · · · · · · · · · · · · · · ·						
		Marmol Plus Properties	LLC							
			Firm/Company							
		4606 Commander Dr. A	pt 1114							
			Address	<u></u>						
		Orlando FL, Zip code 32	2822	,						
			City/State and Zip Code							
		johnny.santana@hotmail.		<u> </u>						
		E-mail address: (I	to be used for future annual report notifi	cation)						
For fur	ther information co	oncerning this matter, please ca	all:							
Domir	ngo Santana		407 431-8793 at ()							
	Name of	Person	Area Code Daytime	Telephone Number						
Enclos	ed is a check for th	e following amount:								
\$2	5.00 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:

 $T\Omega$.

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

Marmol Plus Properties LLC	
(<u>Name of the Limited Liah</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L14000007349	
Γhis amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
MARMOL PLUS LLC	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	S
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg	gistered office address on our records, enter the name of the ne
registered agent and/or the new registered office ad	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	•
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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			☐ Change
			□ Add
			Remove
		<u> </u>	☐ Change
			<u> </u>
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			F. S. S. S. Add.
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Filing Fee: \$25.00