Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PAUL SALVER, P.A.

Account Number : I20020000087

: (954)389-1333

Fax Number

: (954)389-1397

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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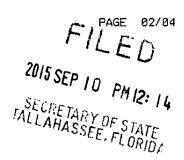
Electronic Filing Menu

Corporate Filing Menu

Help

9/10/2015

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MAR	Saav, LLC	
(Name of the Limited Liability (A Florida	ty Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C Florida document number L14000051629	Company were filed on 3/28/14	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDI	RESS)	A14/1000-10
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ords, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	,	
	Enter Florida street ad	ldress
		, 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
MGR	SAAVEDRA BOFILL, MARTHA	4927 SW 184 PLACE	
		MIAMI, FL 33185	■ Remove
			Change
MGR	Catany Iglesias, Graciela S.	4927 SW 184 PLACE	
		MIAMI, FL 33185	□ Remove
			☐ Change
			Add
			CI Remove
			Change TALLAHAS SEE PHOCHANGE
			P Change
			□ Remove
			Change
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			□ Remove
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Page 3 of 3 Filing Fee: \$25.00