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J. States FEB 11 2015

## **COVER LETTER**

то:	Registration Sec Division of Corp					
CUDIE		MARTE LLC				
SUBJE		Name of Lim	ited Liability Company	<del>,</del>		
The end	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please 1	return all correspor	dence concerning this matter	to the following:			
		Candida I. Marte				
			Name of Person			
		VARGAS MARTE LI	_C			
			Firm/Company	<del></del>		
		350 PALM CIRCLE WEST, APT. 104				
			Address			
		PEMBROKE PINES	, FL. 33025			
			City/State and Zip Code			
		martecandy@gmail.c	OM  to be used for future annual report notific	ation		
For for	than information co	ncerning this matter, please ca	•	ation,		
		neering this matter, please ca				
candi	da marte		786 564-0001 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for the	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:

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

VARGAS MARTE LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L14000153703	npany were filed on 10/03/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ADII-
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		ter the name of the no
Name of New Registered Agent:		5 <u>5                                  </u>
New Registered Office Address:	Enter Florida street address	55.55 <b>B</b> - 55.55
<del></del>	, Florida	Zip Gode
New Registered Agent's Signature, if changing Registered A	Agent:	37.1 G

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	PEDRO A. VARGAS	350 PALM CIRCLE W APT 104	■ Add
		PEMBROKE PINES, FL 33025	□ Remove
			Add
			□ Remove
			□ Remove
			Add
			Remove
			A A A
			QAdd To Add To
<u> </u>			Add
	•		□ Remove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· ,' ,	·
•	
-	
Effect	ing data if other than the data of filings (ontional)
(The eff the dar	cive date, if other than the date of filing: (optional) ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after te this document is filed by the Florida Department of State)
Dated	
	Signature of a member of a uthorized representative of a member
	CANDIDA I. MARTE

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Filing Fee: \$25.00

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