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COVER LETTER

	ation Sect 1 of Corpo			
CIDIECT.		MARELOS LLC		
SUBJECT:	<u></u>	Name of Lim	ited Liability Company	
The enclosed Art	icles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all	correspond	dence concerning this matter	to the following:	
		MARIA SA	APIKAS	
			Name of Person	
			Fire Company	
			Firm/Company	
		4301 SOUH FLAMI	NGO ROAD SUITE 106	
			Address	
		DAVIE FL 33330		
			City/State and Zip Code	
		mariasapikas@hotm		
		E-mail address: (to be used for future annual report notific	ation)
For further inforr	nation cor	ncerning this matter, please ca	all:	
MARIA SAP	IKAS		754 245-1049	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a che	ck for the	following amount:	· ·	
■ \$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
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

MARELOS LL		
(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 Lial	bility Company were filed on 01/22/2015	and assigned
Florida document number L15000012931	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with the we	ords "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>e</u> ce address here:	nter the name of the ne
		TPR TO
Name of New Registered Agent:		Son F print
New Registered Office Address:		A IT
	Enter Florida street address	7: 2 31/1
	, Florid	
	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 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

AMBR = **Authorized Member**

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOSE L. GONZALEZ	8760 NW 97 STREET	
		APT.104 DORAL FL 33178	■ Remove
		-	Remove
			Remove
			SECRETAR NHASS
			SAR PRemover
			□ Remove
			□ Add
			□ Remove

			······································
effective date must b	ner than the date of filing e specific, cannot be prior to date filed by the Florida Department	e of receipt or filed date and car	(optional) not be more than 90 days after
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Filing Fee: \$25.00

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JAIL AHASSES FERRES