L15000032340

(Red	questor's Name)	
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2015 JUL 13 P 2: 36
SECRETARY OF STATE



COVER LETTER

Division of Cor			
MAR 4 FL	ORIDA LLC		
SUBJECT:	Name of Limited	Liability Company	
The enclosed Articles of	Amendment and fee(s) are submit	ted for filing.	
	ondence concerning this matter to t	•	
	GEORGE C DAHL		
		Name of Person	
		Firm/Company	
	12250 MENTA ST. SUITE 10		
		Address	
	ORLANDO, FL 32837		
		City/State and Zip Code	
	rgbookkeeping@aol.com		
For further information c	E-mail address: (to b oncerning this matter, please call:	e used for future annual report notification)	2015 C SECR
GEORGE C DAHL		407 309-0367	HASSI
Name o	f Person	Area Code Daytime Telephor	
Enclosed is a check for the	ne following amount:	e .	2: 36 TATE ORIDA
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURIER ADD Registration Section	RESS:

Division of Corporations
P.O. Box 6327
Tallahassee, FL-32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAR 4 FLORIDA LLC	
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil	ity Company were filed on 04/13/2015 and assigned
Florida document number L15000032340	·
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words	"Limited 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 A	DDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	N ALE DE
	AR C
	registered office address on our records, enter the name of the ne
3. If amending the registered agent and/or	registered office address on our records, enter the name of the ne
registered agent and/or the new registered office	
	2: 3 ORII
Name of New Registered Agent:	<u>⊃</u> m
New Registered Office Address:	
	Enter Florida street address
_	, Florida
	City Zin 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MAR 4 CORP, BVI	12250 MENTA STREET, #105	□ Add
		ORLANDO, FL 32837	■ Remove
			Change
			Add
			Remove
			☐ Change
			□ Add
			□ Remove
			Change
			AS AL
			Remove FLOF STA
			Add
			☐ Remove
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					E.F.	U	
fective date, if other than the n effective date is listed, the date mute: If the date inserted in this b cument's effective date on the E	st be specific and can ock does not meet	not be prior to the applicabl 's records.	date of filing or me e statutory filin	ore than 90 days a g requirements,	otional) fter filmg. this date	N Pursuant wi U Thot b	
record specifies a delaye The 90th day after the rec	d effective date ord is filed.	e, but not a	in effective t	ime, at 12:0	1 a.m. (on the e	earlier
ted		015					
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	Signature of a mem	در س	011				

Page 3 of 3

Filing Fee: \$25.00