US 0000 72186

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(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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JUN 09 2015

J SHIVERS

COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	MESA MA			
SOBJEC	Γ:		ited Liability Company	
The enclose	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	urn all correspon	ndence concerning this matter	to the following:	
		Lilia Mayneth Molina		
			Name of Person	
		Mesa Mar LLC		
			Firm/Company	
		264 Giralda Avenue		
			Address	
		Coral Gables, Florida 3313	44	
			City/State and Zip Code	
		Gablesseafood@gmail.com	to be used for future annual report no	diffication)
For further	r information co	oncerning this matter, please ca	·	
Yolday D	iaz Barreto		305 673-8988	
	Name of	Person	Area Code Daytii	ne Telephone Number
Enclosed i	s a check for th	e 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

MESA MAR LLC					
(<u>Name of the Limited Liabil</u> (A Florid	lity Company da Limited Lia	y as it now appears of ability Company)	n our records.)		
The Articles of Organization for this Limited Liability (Iorida document number L15000072186	Company w	vere filed on April	23, 2015	and assi	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liabili	ity company here	:		
he new name must be distinguishable and contain the words "Lin	mited Liability	y Company." the desig	gnation "LLC" or the al	bbreviation "L.1	L.C."
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADD	RESS)				
Inter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)					
3. If amending the registered agent and/or registered agent and/or the new registered office adented Name of New Registered Agent:			ur records, <u>enter</u>	the name	of the n
				NA STATE	
New Registered Office Address:		Enter Florida	street address , Florida	SSEE F	jour !
		City		Zip Gode	- Indiana
New Registered Agent's Signature, if changing Register	red Agent:		Ę	23	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent	nt and agree	e to act in this cap	pacity. I further ag	ree to comp	

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	Lilia Mayneth Molina	264 Giralda Avenue	Add
		Coral Gables, Florida 33134	☐ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
			□ Add
			Remove
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ective date, if other than the a effective date is listed, the date mu	est be specific and cannot	be prior to date of filing	or more than 90 days a	ptional) fter filing.) Pursuant to 605.0
te: If the date inserted in this becament's effective date on the D	lock does not meet the	applicable statutory	filing requirements,	this date will not be listed
ament 3 effective date on the 12	repartment of State 3 to	ccords.		5 5.00
record specifies a delaye	d effective date in	ut not an officet	ivo timo at 12:0:	>≈ ∈
he 90th day after the rec		dt not an enect	ive time, at 12.0.	1 a.m. on the earlier
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ed May 29	2015			1. P.
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Filing Fee: \$25.00