L15000 171816

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2015 OCT 19 PH 12: 37

OCT 20 2015 J. HARRIS

COVER LETTER ^

TO: Registration Section (Division of Corporations ,
SUBJECT: MAR COH REATH LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARC D EMILIEN Name of Person
MARCON REALLY LLC
3241 Old Winter GARDEN Rd 26#A
Orlando Fl 32805 City/State and Zip Code
REAltornace Omail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARC Emilien Name of Person at (407) 8 44-5693 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ 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

Marcoh Red			
(Name of the Limited L (A F	iability Company as it now appears on our r lorida Limited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on OCtobo	ER OR , 1.5 an	d assigned
This amendment is submitted to amend the following	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) les of Organization for this Limited Liability Company were filed on October 08, 15 and assigned occument number L15000 171816. Independent is submitted to amend the following: ending name, enter the new name of the limited liability company here: Independent offices address, if applicable: In office address MUST BE A STREET ADDRESS) We mailing address, if applicable: Independent offices address, if applicable: In office address MAY BE A POST OFFICE BOX) In office address on our records, enter the manifold the new dagent and/or the new registered office address here: Name of New Registered Agent:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable		"LLC" or the abbreviati	on "L.L.C."
(Principal office address MUST BE A STREET A	DDRESS)		
		A SEGRET	C_FI ess (*/)
<i>S</i> , 11			9
Midning address MAT BE A POST OFFICE BU	<u> </u>		3 [1]
			(S)
B. If amending the registered agent and/or in registered agent and/or the new registered office	registered office address on our rec address here:	cords, <u>enter the n</u>	ame of the nev
Name of New Registered Agent:			
New Registered Office Address:	E B		
	Enter Florida street o	address	
_	City	_, Florida 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 = Ma $AMBR = Au$	nnager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	MARC D Emilien	3241 Old Winter G	MRDEN ROLLING A
			☐ Remove
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			🗆 Add
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Effective date, (If an effective date	if other than the date is listed, the date must be s	e of filing:	orior to date of filing or m	ore than 90 days after filit	l) ng.) Pursuant to 605.	.0207 (
Note: If the date	e inserted in this block of ctive date on the Depart	does not meet the ap	plicable statutory filing	g requirements, this da	te will not be liste	ed as tÌ
		factiva data but	not an effective t	ime, at 12:01 a.m	. on the earlie	er of:
	cifies a delayed eff ay after the record		. Hot all circulve t			
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The 90th da	ay after the record	is filed.			2015 OF SELUTI FALLA	emer j
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Filing Fee: \$25.00