116000030609

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cid	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





800313424568

05/21/18--01021--010 *425.00

DIVISION OF CORPORATIONS

N COOPER MAY 2.2 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Marmar Ocean T LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
<u>Kabir Frutus Bonache</u>
Kabir Capital LLC
1200 Brickell Ave., Str. 800
Miami, FL 33131 City/State and Zip Code
E-mail address. (in the used for future annual report notification)
For further information concerning this matter, please call:
Kabir Frutus Bunache at (186) 599 2232 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol

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

Marmar 0	(ean	IV LL	on our records)		
(Name of the Limited L (A F	lorida Limited Li	ibility Company)	on our records.		
The Articles of Organization for this Limited Liabil Florida document number L6000 3060		vere filed on(02/15/201	6 and assi	gned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	limited liabil	ity company her	<u>e</u> :		
, , , , , , , , , , , , , , , , , , , ,			_		
The new name must be distinguishable and contain the words	"Limited Liabilit	y Company," the des	ignation "LLC" or the al	bbreviation "L.I	Ċ."
Enter new principal offices address, if applicable	::				_ ⊒
(Principal office address MUST BE A STREET A.	DDRESS)				<u>55</u> 200 200 200 200 200
				HAY 2	<u> </u>
				12	F CO
Enter new mailing address, if applicable:					<u> </u>
Mailing address MAY BE A POST OFFICE BOX	<u>v)</u>			<u>မှာ</u> ယ	_ <u></u>
				<u>~</u>	_ 2
B. If amending the registered agent and/or i	registered offi	ce address on	our records, enter	the name o	of the new
registered agent and/or the new registered office					
Name of New Registered Agent:	Kabir	Frutos	Bonache	, 	
New Registered Office Address:	1200 1	Brickell Enter Floric	Ave. St	800	
_	Mian	Cin	, Florida	3313	<u> </u>
		City		гэр Соае	

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

Page 1 of 3

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 Title Name | **Address Type of Action** 2780 NE 183 Street Camilo Lucio MUR 📈 Add Apt. 1803 ☐ Remove Aventura, FL 33160. □ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove

□ Change

	· · · · · · · · · · · · · · · · · · ·					
				· · · · · · · · · · · · · · · · · · ·		
		·				
		·				
 -						
					<u> </u>	
					 	
		<u> </u>			 	-
				 	· - · · · · · · · · · · · · · · · · · · ·	
						- 3
				. 		<u>د</u> د
(If an effectiv <u>Note:</u> If the	date, if other than the e date is listed, the date mus- te date inserted in this blo s effective date on the De	t be specific and cam ock does not meet	not be prior to date o the applicable stat	f filing or more than S tutory filing require	(optional) O days after filing.) Pursuments, this date will n	ant to 6 ot be li
	specifies a delayed th day after the reco		, but not an ef	ffective time, at	t 12:01 a.m. on th	ie ear
Dated	05/15	7	2018			
l Jateri	<u></u>	, <i>_e</i>				

Page 3 of 3

Filing Fee: \$25.00