## L16000044631

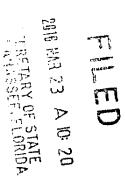
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**S MASON** 

## **COVER LETTER**

TO:		istration Sec sion of Corp						
SUBJE	CT.	MAROX IN	NVESTMENTS LLC					
SUBJE	CI;		Name of Lim	ited Liability Company				
The end	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please 1	return	all correspon	dence concerning this matter	to the following:				
			INAKI SAIZARBITORIA	., ESQ.				
				Name of Person				
				Firm/Company	· · · · · · · · · · · · · · · · · · ·			
			21 S.W. 15 ROAD	SUITE 200				
				Address	<del></del>			
			MIAMI, FLORIDA 33129					
			City/State and Zip Code INAKISAI@AOL.COM					
			E-mail address: (	to be used for future annual report	notification)			
For furt	her in	formation cor	ncerning this matter, please ca	all:				
INAKI	SAIZ	ARBIRTOR	IA, ESQ.	305 at ( )	,			
		Name of I	Person		time Telephone Number			
Enclose	ed is a	check for the	following amount:					
\$25	5.00 Fi	ling 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

MAROX INVESTMENTS LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on o orda Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on MARC	H 4, 2016 and assigned
Florida document number L16000044631	·	
This amendment is submitted to amend the following	<b>;</b> :	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re		records, enter the name of the ne
registered agent and/or the new registered office a	ddress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIO DIAZ	275 NE 18 ST. SUITE CU2A	Add
		MIAMI, FLORIDA 33132	□ Remove
			Change
		<del></del>	Add
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e: If the c	ate is listed, the date material date inserted in this	block does not a	meet the applicab	date of filing or mor le statutory filing	e than 90 days a requirements,	tter filing.) this date v	Pursuant will not b	to 605.0 se listed
ıment's e	ffective date on the	Department of S	State's records.					
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ed		Signature of a	MARIO	DIAZ	,	THE SERVICE SE	語	Calcular)
-d		Signature of a		DIAZ		PRETARY OF	- Manager 1970	
ed	·	Signature of a	MARIO Typed or printed	DIAZ name of signee		TOF S	[編]3 A	
-d	· <u>.</u>	Signature of a	MARIO	DIAZ name of signee	,	्रा जुल	- Manager 1970	