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(Re	equestor's Name)		
(Ad	(Address)		
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(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL.	
(Business Entity Name)			
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status	
Special Instructions to	Filing Officer:		
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2016

FABIO MARIN 16175 GOLF CLUB UNIT 208 WESTON, FL 33326

SUBJECT: GRUPO MAR LLC Ref. Number: L16000057848

We have received your document for GRUPO MAR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 216A00006353

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

	Registration Se Division of Cor			
	GRUPO M			
SUBJEC	:T:		ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
			FABIO MARIN	
			Name of Person	
			Firm/Company	
		1617:	5 GOLF CLUB UNIT 208	
			Address	
			WESTON FL 33326	
		ser	City/State and Zip Code vicioconsular@gmail.com	
		E-mail address: (to be used for future annual report notifi	cation)
For fu r the	er information c	oncerning this matter, please ca	all:	
FABIO I			786 493 6405	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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

	GRUPO M.		
(Name of the Limi	ted Liability Compar (A Florida Limited L	ny as it now appears on our record liability Company)	<u>s.</u>)
The Articles of Organization for this Limited L	iability Company	were filed on 03/21/2016	and assigned
Florida document number L16000057848	·		•
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liabi	llity company here:	
GRUPO MAR LLC			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	16175 GOLF CLUB ROAD #	208
(Principal office address MUST BE A STREE	ET ADDRESS)	WESTON FLORIDA 33326	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		SAME AS ABOVE	
B. If amending the registered agent and registered agent and/or the new registered of			s, enter the name of the new
Name of New Registered Agent:	FABIO MARIN	ĭ	60.70
New Registered Office Address:	16175 GOLF C	LUB ROAD # 208	
		Enter Florida street addres	a 35 70 LJ
	WESTON		orida 33326 Es
		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.

Hand Marin
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>	<u>Name</u>	Address	Type of Action
MGRM	ALIX MARIN	16175 GOLF CLUB ROAD #208	□ Add
		WESTON FL 33326	Remove
			Change
MGRM	ALIX BUITRAGO DE MARIN	16175 GOLF CLUB ROAD #208	Add
		WESTON FL 33326	Remove
			□ Change
MGR	FABIO MARIN BUITRIGAGO	16175 GOLF CLUB ROAD #208	
		WESTON FL 33326	■ Remove
			Change
MGR	LEONARDO F MARIN	16175 GOLF CLUB ROAD #208	■ Add
		WESTON FL 33326	□ Remove
			☐ Change
			Add
		 	☐ Remove
			□ Change
			Add
		<u> </u>	□ Remove
			☐ Change

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	32
ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of store: If the date inserted in this block does not meet the applicable state ocument's effective date on the Department of State's records.	f filing or more than 90 days after filing.) Pursuant to 605.02
e record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier
APRIL 3,2016,	
+amo Mau	W.
Signature of a member or authorized rep	отезепнануе от а тетост
FABIO MARIN	
Typed or printed name of	

Page 3 of 3

Filing Fee: \$25.00