

46000057848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

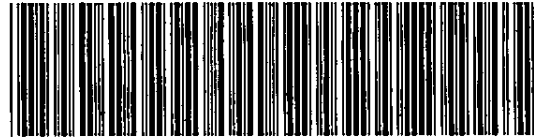
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
MAY 11 AM 9:39

MAY 12 2016

J SHIVERS

2545  
11



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.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 216A00006353

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GRUPO MAR 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:

FABIO MARIN

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

16175 GOLF CLUB UNIT 208

\_\_\_\_\_  
Address

WESTON FL 33326

\_\_\_\_\_  
City/State and Zip Code

servicioconsular@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FABIO MARIN

at ( 786 ) 493 6405

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

GRUPO MAR LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/21/2016 and assigned Florida document number L16000057848.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

GRUPO MAR LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

16175 GOLF CLUB ROAD # 208

(Principal office address MUST BE A STREET ADDRESS)

WESTON FLORIDA 33326

Enter new mailing address, if applicable:

SAME AS ABOVE

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

FABIO MARIN

New Registered Office Address:

16175 GOLF CLUB ROAD # 208

*Enter Florida street address*

WESTON

*City*

Florida 33326

*Zip Code*

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TALLAHASSEE  
SECRETARY OF STATE

**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.*

*Fabio 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALIX MARIN	16175 GOLF CLUB ROAD #208	<input type="checkbox"/> Add
		WESTON FL 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ALIX BUITRAGO DE MARIN	16175 GOLF CLUB ROAD #208	<input checked="" type="checkbox"/> Add
		WESTON FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FABIO MARIN BUITRIGAGO	16175 GOLF CLUB ROAD #208	<input type="checkbox"/> Add
		WESTON FL 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LEONARDO F MARIN	16175 GOLF CLUB ROAD #208	<input checked="" type="checkbox"/> Add
		WESTON FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

16 MAY 11 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated APRIL 3, 2016 \_\_\_\_\_

*Fabio Marin*

Signature of a member or authorized representative of a member

FABIO MARIN

Typed or printed name of signee