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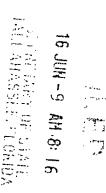
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COVER LETTER

то:	Registration Division of C	
CUD II		AS COMPANY LLC
SUBJI	ECT:	Name of Limited Liability Company
The en	closed Articles	of Amendment and fee(s) are submitted for filing.
Please	return all corres	spondence concerning this matter to the following:
		ROSS ZALKIND
		Name of Person
		ROSENFIELD & ZALKIND, P.L.
		Firm/Company
		2323 HOLLYWOOD BLVD
		Address
		HOLLYWOOD, FL 33020
		City/State and Zip Code
		RZALKIND@GLOBALAMERICATITLE.COM E-mail address: (to be used for future annual report notification)
For fur	ther information	n concerning this matter, please call:
ROSS	ZALKIND	954 620-1100 at ()
	Nam	e of Person Area Code Daytime Telephone Number
Enclos	ed is a check fo	τ the following amount:
\$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

MARBLAS COMPANY LLC		
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 116000091637	were filed on 05/10/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	68 SE 6TH ST, APT. #2502	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33131	ene Lista aya
Enter new mailing address, if applicable:	68 SE 6TH ST, APT. #2502	JUH -9
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33131	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	
	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

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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
			Add
		<u> </u>	□ Remove
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D. If amending any other information, enter change(s) here: (Auach additional sheets, if necessary)	The state of the s
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E. Effective date, if other than the date of filling:	
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