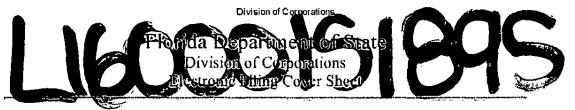
9/8/2016



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Phone : (323)962-8600 Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARUS BUILDERS, LLC

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2.2.

COVER LETTER

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SUBJECT	MARUS E	BUILDERS, LLC		
3004501		Name of Lim	ited Liability Company	_
		Amendment and fee(s) are sub		
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N. Brand Blvd., 11t	h Floor	·
			Address	
		Glendale, CA 91203		_ 40 6
			City/State and Zip Code	
		jaime@newportbuilders.	to be used for future annual report notification)	- 髪でド
For further	r information co	oncorning this matter, please or		
Cheyenn	e Moseley		800 773-0888 ext. 9724	
	Name of	Person	Area Code Daytime Telephone Num	
Enclosed i	s a check for th	e following amount:		
CI \$25,00) Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is onclosed) Certific	Filing Fee, cate of Status & ed Copy ral copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 asse, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	;

Tallahassoo, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARUS BUILDERS, LLC		
(Name of the Limited (A	Liability Company as it now appears on our recorda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liab Florida document number L16000151895	oility Company were filed on 8/15/2016	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with the wo	rda "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	220	产员 6
		28 8 万
B. If amending the registered agent and/or registered agent and/or the new registered offic		rds, enter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street addi	ress
-	,1	Florida
	~~V	sop tom

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR ≈ Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
AMBR	JAMES HUNT	4213 W. BEACH PARK DR.	
		TAMPA, FL 33609	□ Remove
			Add
			Remove
-			□ Remove
	State of the state		CI Add
			Remove
			SE AND FILE
			Remove OR S
	 .		□ Add
			: Remove
			_

If amending any other information, en	ter change(s) here: (Attach additional sheets, if necessary
Effective date, if other than the date of (The effective date must be specific, cannot be prior the date this document is filed by the Florida Dep	or to date of receipt or filed date and cannot be more than 90 days after
0 4 1 1	
Dated September 1	
Dated September 1	lust-
h	e of a member or authorized representative of a member
h	e of a member or authorized representative of a member MARIA ILYASHENKO

Page 3 of 3

Filing Fee: \$25.00

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