Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VALEZAR & ASSOCIATES

Account Number : I20150000092 Phone

: (305)252-5505

Fax Number

: (888)346-7187

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MARINA'S INVESTMENT LLC

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From Reception 103

Fax: (305) 252-5508 H 18 00003216193

TO: Registration S Division of Co					
Marina's In	nvestment LLC				
SUBJECT:	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub	_			
rease retain an covesp	Mirtha Almanzar	to the following.			
		Name of Person			
	Valezur & Associates Inc.	1,42110 07 1 03011			
		Firm/Company		Si. DE	
	12485 SW 137th Ave Ste-	· -		AUVINOA PECSEP	
		Address			-
	Miami, FL 33186			-3388 0 1388 0 8	{
	 	City/State and Zip Code		ar s	i
	mirtha@valezar.com			9: 2: Shaif Lorif	
	E-mail address: (to be used for future annual report noti	fication)	23 (in)	
For further information of	concerning this matter, please c	ali:		₹ *	
Mirtha Valezar		305 252-5505			
Name o	of Person		c Telephone Number		
Enclosed is a check for t	he 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 Fili Certificate Certified (e of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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From Reception 103

Fax: (305) 252-5505 To: Fax: (850) 817-8383 Page 4 of 8 11/07/2018 6.07 PM

H180005216193

From: Reception 103

Fax: (305) 252-5505

1180000021 6 9 9 1 3 ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia (A Flor	bility Company as it now appears on our re rida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number L17000016613	Company were filed on 01/20/2017	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company." the designation	'LLC" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		20
		- Z
Enter new mailing address, if applicable:		A O
(Malling address MAY BE A POST OFFICE BOX)		-8 -8
<u> </u>		Fig p IT
		FLO I
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	gistered office address on our rec ddress here:	
		•
Name of New Registered Agent:		<u></u> -
New Registered Office Address:		
	Enter Florida street ac	ddress
		. 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

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From, Reception 103

Fax: (305) 252-5508

H180005321663

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>	Name Carlos Pujadas	Address 6202 NW 115th PL #328	Type of Action
MGRM	Carros Fajadas		Add
		Miami, FL 33178	☐ Remove
			B Change
			Add
			☐ Remove
			☐ Change
			Remove
			A A A A A A A A A A A A A A A A A A A
			AH Remeve 23ge
<u>-</u>			Add
			☐ Remove
			☐ Change
			D Add
			□ Remove
			□ Change

Page 2 of 3

. Reception 103	Fax: (305) 252-5505	H 18000 521619 3
D. If am	ending any other info	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
·		
•		
•		
,		
	- -	
		SEE -8
•		9: 2:
E. Effect	tive date, if other than	n the date of filing: (optional)
Note:	If the date inserted in t	tte must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 this block does not meet the applicable statutory filing requirements, this date will not be listed a the Department of State's records.
If the red (b) The	cord specifies a del 90th day after the	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of record is filed.
Dated	November 7	2018
		Signature of a member or authorized representative of a member
	Monica Pujadas de	: Roman
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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