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(Requestor's Name)	
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COVER LETTER

Division of Co	rporations		
MARQUE	EZ CONSTRUCTION LLC		
	Name of Limited Liability Company If Articles of Amendment and fee(s) are submitted for filing. If all correspondence concerning this matter to the following: EDUARDO MARQUEZ		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
		-	
•	S	· •	
	EDUARDO MARQUEZ		
		Name of Person	
	MGR		
		Firm/Company	
	1133 SE 16TH TER		
		Address	
	CAPE CORAL, FL 33990	0	
	NIEGO O DIO DE COMO DI LINGUI DI COMO	·	
			ication)
For further information	concerning this matter, please c	all:	
EDUARDO MARQUE	Z	786 970-1100	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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:

TO:

Registration Section

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

MARQUEZ CONSTRUCTION LLC						
(Name of the Limited (A	Liability Compa Florida Limited l	ny as it now appears on o Liability Company)	ur records.)		-	
The Articles of Organization for this Limited Liab	ility Company	were filed on FLORIE	DA .	and	assigned	
Florida document number L17000049473	·					
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the	ne limited liab	ility company here:				
The new name must be distinguishable and contain the word	ds "Limited Liabil	lity Company," the designa	tion "LLC" or the	abbreviation	"L.L.C."	-
Enter new principal offices address, if applicable:		1133 SE 16TH TER				_
(Principal office address MUST BE A STREET)	CAPE CORAL, FL	33990				
						_
				<u> </u>		
Enter new mailing address, if applicable:					7	_
Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			また。	සි 🗟	_
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B. If amending the registered agent and/or			records, ente	r the nam	of the	nev
registered agent and/or the new registered offic	<u>e address her</u>	<u>e</u> :			5	
Name of New Registered Agent:	EDUARDO M	ARQUEZ				-
New Registered Office Address:	1133 SE 16TH	TER				
		Enter Florida str	eet address			-
	CAPE CORAL		, Florida _	33990		_
·		City		Zin Co	de	-

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EYDA PENA	1133 SE 16TH TER	■ Add
		CAPE CORAL, FL 33990	□ Remove
			Change
		<u></u>	Add
			□ Remove
			Change
			Add
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•••			SSEE FLORIDA
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fective date, if other than the netfective date is listed, the date mus stee: If the date inserted in this blocument's effective date on the De	be specific and cann ock does not meet t	not be prior to da the applicable	te of filing or mo statutory filing	re than 90 days afte	ional) er filing.) Pursuar	nt to 605.02
e record specifies a delayed The 90th day after the reco	effective date ord is filed.	, but not ar	ı effective til	me, at 12:01	a.m. on the	earlier
08/11/2017	9:	30 AM				
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4	Signature of a memb					

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Filing Fee: \$25.00