

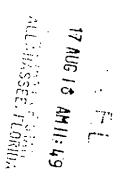
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COVER LETTER

Division of Corporations
SUBJECT: MARAA 2017, 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:
ITIS LEVY Name of Person
Name of Person
MARIAA 2017. LLC Firm/Company
1 IIII Company
1100 S. Powerline RJ # 221
Deer Field Beach FL 33073 City/State and Zip Code
E-mail address-do be used for future annual report notification)
For further information concerning this matter, please call:
Limer Yoshiq at (954) 917-7288 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S25.00 Filing Fee S255.00 Filing

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

MARAA	2017.	LLC			
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appear Jiability Company)	s on our records.)		
The Articles of Organization for this Limited Liab Florida document number $\frac{L}{L}$ 70001111		were filed on	May, 6	<u>017</u> and	l assigned
This amendment is submitted to amend the follow	ing:				
A. If amending name, <u>enter the new name of th</u>	ne limited liab	ility company he	<u>ere</u> :		
The new name must be distinguishable and contain the word	ls "Limited Labil	lity Company," the d	esignation "LLC" o	or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicab	le:				
Principal office address MUST BE A STREET.	(DDRESS)		•		
Enter new mailing address, if applicable:					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	77				
B. If amending the registered agent and/or	registered of	ffice address on	our records,	enter the na	of the new
registered agent and/or the new registered offic				FLOR	
Name of New Registered Agent:				25 4	• •
New Registered Office Address:		Enter Flor	ida street address		
			, Flori	da	
		City	, 1/10/1	daZip C	'ode

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>	Name	Address	Type of Action
MGR	Uri Levy	1100 S, powerline RU # 221 Deerfield Beach, FZ 3	O(Add 347∮ Remove
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`an effe <u>Vote:</u>	ctive date, if other than the date of filing:	D:	to 605.0	1 207 Las
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the	earlier	of
he rec The	90th day after the record is filed.			
The	90th day after the record is filed. AUG 14 Jol 7 Lais Yoshi'A			

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Filing Fee: \$25.00