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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055

Phone

: (407)898¹47<u>5</u>7.. 사내 네트린

Fax Number

: (407)897-5336

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

LLC AMND/RESTATE/CORREC® OR M/MG RESIG MARQUES INVESTMENTS LLC

| Certificate of Status | O CONTROL OF THE PROPERTY OF T |
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COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|---------------|------------------------------------|---|---|--------------------------|
| SUBJ | MARQUES | INVESTMENTS LLC | | |
| 2000) | EC1: | Name of Lim | ited Liability Company | |
| The en | sclosed Articles of | Amendment and fec(s) are sub | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | LAILLA INOCENCIO | | era, |
| | | | Name of Person | |
| | | ABK CORP | | |
| | | | Firm/Company | |
| | | 5301 CONROY RD STE 1 | 40 | |
| | | | Address | |
| | | ORLANDO, FL 32811 | · | |
| | | | City/State and Zip Code | |
| | | SUPPORT@ABKCORP.CO | OM to be used for future annual re | mort notification) |
| For fur | ther information co | oncerning this matter, please ca | | por nounoutou) |
| LAILI | LA INOCENCIO | | 407 898- at () | -1757 |
| | Name of | Person | at () Area Code | Daytime Telephone Number |
| Enclos | ed is a check for th | e following amount: | | |
| = \$2: | 5.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is such | Certificate of Status & |

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Regist tion Section

Regist * tion Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MARQUES INVESTMENTS LLC | er. | ; • |
|---|--|--|
| (Name of the Limited Liability C (A Florida Lia | Company as it now appears on our record mited Liability Company) | T) |
| ne Articles of Organization for this Limited Liability Compride document number <u>L17000132067</u> | ipany were filed on 06/16/2017 | and assigned |
| is amendment is submitted to amend the following: | | |
| If amending name, enter the new name of the limited | I liability company here: | |
| | | |
| e new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | |
| rincipal office address MUST BE A STREET ADDRES | <u> </u> | THE CONTRACTOR OF THE CONTRACT |
| | <u> </u> | SS |
| | & OBGANNATE | 70 2 11 |
| nter new mailing address, if applicable: | · · · · · · · · · · · · · · · · · · · | 60 m |
| <u>(ailing address MAY BE A POST OFFICE BOX)</u> | X | <u> </u> |
| | 1.5. | |
| • | | |
| If amending the registered agent and/or register gistered agent and/or the new registered office addres | | , enter the name of the |
| | | ; , |
| | .741. | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | · Enter Florida street address | 5 |
| | . Flo | orida |
| | 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

.

From Account Bookkeeping 1.321.888.4914 Wed May 9 15:38:45 2018 EDT Page 4 of 5 If amending Authorized Person(s) authorized to manage, enter the ettle, 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 |
|--------------|------------------------|-----------------------------|---|
| AMBR | ANTONIO CARLOS MARQUES | 4524 SEQUEL RD | ⊒ Add |
| | | KISSIMMEE, FL 34746 | □ Remove |
| | | S. 1 (3) | ☐ Change |
| AMBR | ADRIANA S MARQUES | 4524 SEQUEL [®] RD | ■ Add |
| | | KISSIMMEE, FL 34746 | □ Remove |
| | | | Change |
| AMBR: | ALZIRA S MARQUES | 4524 SEQUEL RD | |
| | | KISSIMMEE, FL 34746 | □ Remove |
| | • | | Change |
| MGRM | LEANDRO CARLOS MARQUES | 4524 SEQUEL RD | Add |
| | | KISSIMMEE, FL 34746 | П Remove |
| | | | ■ Change |
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| ective date, if other to effective date is listed, th | than the date of fill | ing: | rior to date of | | mote than 9 | (optio | nal) Siing) Pursus | ant to 6050 |
| e: If the date inserted ument's effective date | in this block does not | t meet the app | plicable stati | utory fil | ing require | nents, this | date will no | t be listed |
| ument a effective gate | on the Department of | I State & recor | ius. | | | | | |
| record specifies a | delayed effective | date, but | not an efi | fective | time, at | 12:01 a. | .m, on th | e earlier |
| he 90th day after | the record is filed | d. | | | | | | |
| MAY 9 | | 2018 | | 1 | | | $\mathbf{\bar{\Sigma}}_{\alpha}$ | 23 |
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| | Marie Marie | | _ l- | ノ | | | 盖 | YW. |
| | | | | | | <u> </u> | | |
| | Signature of | a member or a | uthorized rep | regoviati | ve of a mem | DEL | 35.4 | 80 |

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