LITCOMP890

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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K. SALY NOV - 8 2017

COVER LETTER

TO: Registration Se Division of Cor	porations		
SUBJECT:	MARGA Investme	euto, LLC.	
	Name of Limi	ted Liability Company	-
	Amendment and fee(s) are submondence concerning this matter t		
riease return an correspo	Midelice concerning this matter t	o the tonowing.	
	<u></u>	Name of Person	
	Semao	go Investment	-, Inc.
	4901 Vinelan	d vd, Ste 270	
	Orlando,	City/State and Zip Code emage.com o be used for future annual report notifi	
	Q5@5 E-mail address: (t	o be used for fiture annual report notif	fication)
For further information of	concerning this matter, please ca	ill:	
Name o	of Person	at (<u>407</u>) <u>903 (</u> Area Code Daytime	2134 e 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2017 NOV-7 PM 101

MARGA INVEST ME			TALLAUTARY	// 0,
(Name of the Limited Liability Co (A Florida Lim	ompany as it now ap aited Liability Compa	<u>pears on our reco</u> ny)	TALLAHASSEE	FLORIE
he Articles of Organization for this Limited Liability Comp		8/23	3/2017 and as	signed
orida document number <u>L1700017989</u> 0				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited	liability compan	<u>y here</u> :		
he new name must be distinguishable and contain the words "Limited I	Liability Company," t	he designation "L	LC" or the abbreviation "I	L.C."
nter new principal offices address, if applicable:				<u> </u>
Principal office address MUST BE A STREET ADDRESS	<u> </u>			
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address		on our recor	rds, <u>enter the name</u>	of the ne
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City	, i	Florida Zip Code	
Designation of American Design	·		z.ip Code	
ew Registered Agent's Signature, if changing Registered Ag				
hereby accept the appointment as registered agent and rovisions of all statutes relative to the proper and comp				

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BJARNO10, LLC	HUNKINS Waterfront Plaza	D⊋ ∕Add
		Suite 556, Main Street	□ Remove
		Charlestown, Nevis	Change
MGR	ATLADOTTIR, GUDRUN	7110 Flowing Water	`□ Add
		Alley	
		Windermere, Fl 3478	6_□ Change
			Add
			Remove
			Change
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			2019 NOV NOVE SELVACIARY
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Effecti	ive date, if other fective date is listed, th	than the date o	of filing: _		4.411	(opti	ional)	(05.03.05.4
fan eff Note:	fective date is listed, th If the date inserted	ie date must be spe in this block do	cilic and canr es not meet	iot be prior to da the applicable	statutory filing	re man 90 days and requirements, thi	r itting.) Pursuant to is date will not be	5 605.0207 (: listed as t
docum	ent's effective date	on the Departm	ent of State	s records.		·		
е гес	cord specifies a	delayed effect	tive date	, but not ar	n effective ti	me, at 12:01	a.m. on the e	arlier of:
The	90th day after	the record is	filed.					
	01	/ 2.		- (7				
Dated	Novemb	<u>er 5</u>	<u> </u>	2014.				
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Page 3 of 3

Filing Fee: \$25.00