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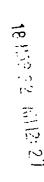
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J. LEGGETT MAR 2 2 2018

COVER LETTER

	distration Serision of Cor			
SUBJECT:	Marison Pro	operties, LLC		
Sobstic 1.		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspo	ndence concerning this matter	to the following:	
		Mario Ariaz		
			Name of Person	· · ·
		Marison Properties, LLC		
			Firm/Company	
		1009 Lester Ridge Ct.		
			Address	
		Kissimmee, FL 34747		
		_	City/State and Zip Code	
		mario@marisonproperties.c	om to be used for future annual report notifi	antion)
For further in	nformation co	oncerning this matter, please co	·	Cation
Mario Araiz			407 494-0909	
	Name of	f Person	at ()Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
\$25.00 F	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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appears on our reconnited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L17000219347</u>	mpany were filed on 10/23/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		185
(Mailing address MAY BE A POST OFFICE BOX)		F1
		$\ddot{\Sigma}$
		12
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
<u></u>		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

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
MGR	Kristi Ariaz	1009 LESTER RIDGE CT	
		KISSIMMEE, FL 34747	■ Remove
			Change
MGR	John Wiłkerson	418 N.W. Sunview Way	□ Add
		Port St. Lucie, FL 34986	□ Remove
			Change
			Add
			Remove
			□ Change
<u>.</u>			□ Add
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ective date, if other the effective date is listed, the e: If the date inserted in unent's effective date of the experience of the experie	n this block does n	ot meet the applic	able statutory fili	(o) more than 90 days a ng requirements,	otional) fler filing.) Pursua this date will no	ant to 605.020 of be listed a
record specifies a d he 90th day after ti	he record is file	ed.			1 a.m. on th	e earlier (
ed <u>3-17</u>		201	<u>8</u> .			
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Page 3 of 3

Filing Fee: \$25.00