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## **COVER LETTER**

|             | egistration Se<br>vision of Cor |   |   |   |
|-------------|---------------------------------|---|---|---|
| CUD IF/T    | MARELBE                         |   |   |   |
| SUBJECT     | :                               | Name of Lim                                     | ited Liability Company  |   |
| The enclose | ed Articles of .                | Amendment and fee(s) are sub                    | mitted for filing.  |   |
| Please retu | rn all correspo                 | ndence concerning this matter                   | to the following:   |   |
|             |                                 | MARCO PINTO                                     | •   |   |
|             |                                 |   | Name of Person  |   |
|             |                                 |   | Firm/Company  |   |
|             |                                 | 175 SW 7 ST SUITE 2011                          |   |   |
|             |                                 |   | Address   |   |
|             |                                 | MIAMI FL 33130                                  |   |   |
|             |                                 |   | City/State and Zip Code   |   |
|             |                                 | LORELVY@477REALTY  E-mail address: (            | .COM<br>to be used for future annual report noti                    | ification)  |
| For further | information co                  | oncerning this matter, please ca                |   |   |
| MARCO P     | PINTO                           |   | 305 6298191<br>at ( )   |   |
| <u> </u>    | Name of                         | Person  | Area Code Daytim  | te Telephone Number   |
| Enclosed is | a check for th                  | e following amount:                             |   |   |
| \$25.00     | Filing Fee                      | ☐ \$30.00 Filing Fee &<br>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

| MARELBEN LLC   |  |   |  |  |  |
|--|--|---|--|--|--|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited   | iny as it now appears on our records.)<br>Liability Company) |   |  |  |  |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.17000228577}{1.0000228577}$ .   | were filed on 11/06/2017                                     | and assigned  |  |  |  |
| This amendment is submitted to amend the following:  |  |   |  |  |  |
| A. If amending name, enter the new name of the limited liab  | oility company here:   |   |  |  |  |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC" or the abb              | reviation "L.L.C."  |  |  |  |
| Enter new principal offices address, if applicable:  | 175 SW 7 ST SUITE 2011                                       |   |  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | MIAMI FL 33130   |   |  |  |  |
| Enter new mailing address, if applicable:  | 175 SW 7 ST SUITE 2011                                       | TALLAM<br>TOEC  |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | MIAMI FL 33130   | المرابع |  |  |  |
|  |  | PH COL  |  |  |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her   |  |   |  |  |  |
| The second secon | <u>·</u>   |   |  |  |  |
| Name of New Registered Agent:  |  |   |  |  |  |
| New Registered Office Address:   |  |   |  |  |  |
|  | Enter Florida street address                                 |   |  |  |  |

## 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.

City

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

| <u>Title</u> | <u>Name</u> | Address     | Type of Action |
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| tive date, if other the                           | nan the date of   | filing:          | rior to date of fi | ling or more than | (optiona<br>90 days after tili | il)<br>ng.) Pursuant to 605. |
| : If the date inserted i ment's effective date of | n this block does | not meet the app | olicable statut    |                   |                                |                              |
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| ecord specifies a c<br>e 90th day after t         |                   |                  | not an effe        | ctive time,       | at 12:01 a.m                   | i. on the earlie             |
| e soull day after t                               | ne record is n    | iieu.            |                    |                   |                                |                              |
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Typed or printed name of signee

Filing Fee: \$25.00