# (18000055320

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MARZ Z ENTER PRISES 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:
Name of Person
MARZ 7 ENTER PRISES LLC
P. O. Box 844
CotHA FL 34734 MAXZLOFERINK @ Eclard.Com.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  AR CEL LEFERINK at (305) 849 05 43  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee.  Certificate of Status \$\Certified Copy \\ tadditional copy is enclosed)\$  Certificate of Status \& Certified Copy \\ radditional copy is enclosed)  Certified Copy \\ radditional 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



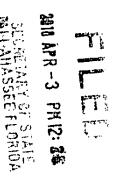
### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2018

MARCEL LEFERINK PO BOX 844 GOTHA, FL 34734

SUBJECT: MARZ 7 ENTERPRISES LLC

Ref. Number: L18000055320



We have received your document for MARZ 7 ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 918A00005890

RECEIVED APR 0 3 2018

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili	ENTERP	RISES LL	<u>/</u>	
(Name of the Limited Liabili (A Florida	ity Company as it now appeal Limited Liability Company	ars on our records.)		<b></b> .
The Articles of Organization for this Limited Liability Comment number 72 - 469473	Company were filed on _	03 (15)	18 and	assigned
Florida document number <u>72 - 46947</u>	20000 LI80000	55320		
This amendment is submitted to amend the following:		3,0		
A. If amending name, enter the new name of the lim	ited liability company	<u>here</u> :		
The new name must be distinguishable and contain the words "Lim		N/4		
	ified Liability Company," the	designation "LLC" or	the abhyeviation	"( ) (''' 
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDI	RESS)	~/4		Berrani Marinari
			<u>ာေက</u> ကြင္းက	)
Enter new mailing address, if applicable:		N/A		English P
Mailing address MAY BE A POST OFFICE BOX)			5	Sirene Ma <sub>rk</sub> es in ti <b>B</b> i
	<del></del>		<u></u>	<b>y</b>
B. If amending the registered agent and/or registered agent and/or the new registered office add		on our records, <u>e</u>	nter the nar	ne of the
Name of New Registered Agent:		·/a		
New Registered Office Address:				
	Enter F	lorida street address		
	Circ	, Florid	la	
	UIIV		Zifi Ci	itte.

### 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

MGR = Man AMBR = Auti	ager horized Member		
<u>Title</u>	Name . A	Address	Type of Action
	AgostiNHO LANVEL	Address  - Rua Pacho de Casho Van  104 54 LuanDA  AnyoLA	∕. □ Add
MGR	V	104 S4 LUMNISH ANYOLA	Remove
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		08 08 00 20	TO AND TO THE TOTAL PROPERTY OF THE PARTY OF
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			D Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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e: If the date inserted in this ument's effective date on the record specifies a delay	ust be specific and cannot be prior to date block does not meet the applicable sta Department of State's records.  Ed effective date, but not an e	ntutory filing requirements, thi	r filing.) Pursuant to 605 is date will not be liste
he 90th day after the $n$			
ed 16th of Y	Lanch / 18		
7	Yfre In		
	Signature of a mymber or authorized r	epresentative of a member	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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	Typed or printed name	of signee	·
			F S A

Filing Fee: \$25.00