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(Ri	equestor's Name))
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	Marom Gro	oup, LLC		
SUBJE		Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-	-	
Picase	return att correspo	ndence concerning this matter (to the following:	
		Marom Group, LLC	Name of Person	
		11924 W. Forest Hill Blvd	Firm/Company d, Ste 10A-177	
		Wellington FL 33414	Address	
		info@maromgrp.com	City/State and Zip Code	
For fur	ther information co	E-mail address: (to oncerning this matter, please ca	to be used for future annual report notif	ication)
Iris Ma	ertinez Name of	· Borcon	561 727-8729 at ()	Telephone Number
	Name of	TCISOR	Area Code 17ayune	Telephote Numer
Enclose	ed is a check for th	e following amount:		
□ \$25	5.00 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, F1. 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**

Marom Group, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number L18000059535	were filed on 03/06/2018	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	
Inter new principal offices address, if applicable:	11924 W. Forest Hill Blvd, Ste 10	
Principal office address MUST BE A STREET ADDRESS)	Wellington, FL 33414	
inter new mailing address, if applicable:	11924 W. Forest Hill Blvd, Ste 10	0A-177 95 H
Mailing address MAY BE A POST OFFICE BOX)	Wellington, FL 33414	ယ် နိုင်
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her Name of New Registered Agent:		ter the name of the
New Registered Office Address:	Enter Florida street address	
	, Florida	LZip Code
	City	Zio Code

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>	Name	<u>Address</u>	Type of Action
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Filing Fee: \$25.00