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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Mario's Ro Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Mario	Chavez Martir Name of Person	DE Z
		Firm/Company	
	2331 Merrily	Cir. S Address	
		FL 33584 City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notice	fication)
For further information c	oncerning this matter, please ca	Af:	
Mario (havez FPerson	at (<u>£13</u>) 297 · Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mario's Rofic (Name of the Limited Liability C	Contrany as it now appears on ou	r records.)
(Name of the Limited Liability C (A Florida Lin	mited Liability Company)	, , , , , , , , , , , , , , , , , , , ,
The Articles of Organization for this Limited Liability Com	ipany were filed onO4	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(22	- AS
	<u> </u>	3
		7 1 T
Parker and the State of the Broken		-IL (SSI 26
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amounting the registered agent and/or registered	ad affice address on a	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ecords, enter the name of the new
		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	at address
<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	Mario Chavez Martinez	2331 Merrily Cir. S. Seffrer, FL 335	ZZAK V99
			□ Remove
Λ N. 72 TD			Change
AMBR MGR	Raquel Chavez Vera	2331 Herrily Cir.S. Selfner, FL 33584	□ Add
			□ Remove
			Change
			
			_□ Remove
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····			_□ Add
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fan effe <u>Note:</u>	ve date, if other than the date of filing:	Pursuant to 605.0 will not be listed	0207 d as
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o 90th day after the record is filed.	n the earlier	r 01
	April 17th . 2018.		
ated .			

Page 3 of 3

Filing Fee: \$25.00