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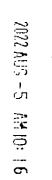
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COVER LETTER

	Division of Cor					
	MARLE'S I	MARLE'S INSURANCE BROKERS & ASSOCIATES LLC				
SUBJEC	CT:	Name of Lim	ited Liability Company	-		
The encl	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please ro	eturn all correspo	ndence concerning this matter	to the following:			
		YANDY GARCIA FERN.	ANDEZ			
			Name of Person	 .		
MARLE'S INSURANCE BROKERS & ASSOCIATES LLC				ϵ		
	Firm/Company					
13563 SW 39 LN						
			Address			
MIAMI, FL 33175						
	City/State and Zip Code					
		YGARCIA@PRO-MAXIN				
For furth	her information o	E-mail address: (oncerning this matter, please o	to be used for future annual report no all:	strication)		
	Y GARCIA FER		305 762-9456			
	Name o	f Person		me Telephone Number		
Enclosed	d is a check for th	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 Addres Registration S		Street Address: Registration S	ection		
	Division of C	orporations	Division of Co The Centre of	orporations		
	P.O. Box 632 Tallahassee,			roc Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARLE'S INSURANCE BROKERS & ASSOCIATES		<u>.</u>
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on MAY 30, 2018	and assigned
Florida document number L18000134049		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
MARLE'S GROUP LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		022 AUS
Enter new mailing address, if applicable:		1
Mailing address MAY BE A POST OFFICE BOX)		77
Mutaing data in AT DE ATOST OF FICE DOA		EK E
		——— <u>—</u>
B. If amending the registered agent and/or registered office ad-	describe and an arranged	
b. If amending the registered agent and/or registered office au- agent and/or the new registered office address here:	uress on our records, <u>enter the n</u>	ame of the new registers
Name of Navy Davistand Assets		
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
	, 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
			ПRеточе
			□Change
	<u> </u>		
			Remove
			[]Add
			ПRетюче
			[]Change
			DAdd
			□Remove
			□ Change
	**		□Add
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Signature of a member or authorized representative of a member	