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COVER LETTE ?

Division of Co	porations		
subject: MA	ARTIHA DAJE	L LL Company	
	Amendment and fee(s) are sub- indence concerning this matter		
	MARTHA	DOJEAName of Person	
	<u>631 B2</u>	Firm/Company 1 CK 4 KEY	 D/L
	MAMI	Address F(33/3/ City/State and Zip Code JEP 60 (mall on be used for future annual report notion)	
	oncerning this matter, please ca	ill:	
MA2 Name o	THA DOJER	- at (305) 710 (Aren Code) Daytim	397 y e Telephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section

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

MARHADA JERL	<u> </u>	·.
(<u>Nume of the Limited Liability Compa</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	ر ئن
The Articles of Organization for this Limited Liability Company Florida document number LV 8000 142016	to	٠,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
MARTHA DAJE2 L. L.C. The new name must be distinguishable and contain the words "Limited Liabi		_
the new name must be distinguishable and contain the words "Limited Liabi	· · · · · · · · · · · · · · · · · · ·	
Enter new principal offices address, if applicable:	631 BRICKELL Key Du	<u>_</u>
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 3313/	-
		-
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX1		-
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		<u>164</u>
egistered and the field registered office and ess her	<u>17.</u>	
Name of New Registered Agent:		-
New Registered Office Address:		
Contract Con	Ester 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. I 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, hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Regis erid Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
·			
			□ Remove
			Change
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e record specifies a delayed. The 90th day after the record stated.	effective of strict is filed.	late, but n	cable statutors. ot an effect	y filing requir	ements, this da	te will not be	arlier o
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