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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Report	Y Rock	Property 6	26 HAY 10 Ab 10:
	Name of Limi	ited Liability Company	क्षेत्री के किया है। इस्ते
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Peter	Name of Person	
	400 N	Firm/Company  Address  Address	ve Sc.te 1900
		FL 33602 City/State and Zip Code  A hor . cra to be used for future annual repor	
For further information co.	ncerning this matter, please co	all:	
Peter Manne of	Person	at ( <u><b>516</b></u> ) <u>3</u> Area Code Da	15-9951 aytime Telephone Number
Enclosed is a check for the	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)
Registra Division P.O. Bo:	SG ADDRESS: tion Section of Corporations (6327 see, FL 32314	Registration S Division of Co Clifton Buildi	orporations ng re Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Black Rock Prop	perty Gaus, LLC MAY 10 ALIGH.
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number 16000269833	were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab.  Marzo Property Group, L.  The new name must be distinguishable and contain the words "Limited Liabil	10
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SAME
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
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

MGR = Manager AMBR = Authorized Member						
<u>tle</u>	<u>Name</u>	Address	Type of Action			
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fan effi <mark>Note:</mark>	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	5/6/19
	1 Am
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00