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JUN 20 2019

T SCHROEDER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: MA	RIN DESIGN STU Name of Limi	DIO LLC Ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ERK ELIAG	MARIN LARA	
		Name of Person	
	MARIN DESIG	N STUDIO Firm/Company	
		Firm/Company	
	4664 SW 19	19 TH COURT	
		Address	
	MIAMI, Fla	904, 33185	
	INFO E MAL E-mail address: (1	City/State and Zip Code WDESIGNSTVDIO - CO to be used for future annual report notil	ication)
For further information of	concerning this matter, please ca	all:	
ERIC ELIA	9 MARIN LABA	at (<u>786</u>) <u>856 </u> Area Code Daytime	229 Telephone Number
		,	·
Enclosed is a check for t	he 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

MARIN DESIGNATION (Name of the Limited (A	SUSTUDIO		ppears on our r	ecords.)		
The Articles of Organization for this Limited Liab	oility Company	were filed o	n _02/15	12019	and a	ssigned
Florida document number 4 190000 708	<u>3/1 </u>					
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liab	ility compar	<u>w here</u> :			
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company,"	the designation	"LLC" or the	abbreviation `	L.L.C."
Enter new principal offices address, if applical	ole:					
(Principal office address MUST BE A STREET	ADDRESS)				<u> </u>	
					<u> </u>	·
				:		773
Enter new mailing address, if applicable:				; ;	250 品	
••	OV)				, -o	171
(Mailing address MAY BE A POST OFFICE B	<u>(74)</u>				- 10	
				- <u>:-</u>		
B. If amending the registered agent and/or	r rogistored o	Mica nddrae	e on our ro	cords ente	r the nam	e of the nev
registered agent and/or the new registered offi			s on our re	corus, <u>ente</u>	i (iic main	e or the nev
Name of New Registered Agent:	ERK	EL149	MARIN	LARA		
New Registered Office Address:						
		Ente	r Florida street o	address		
				Florida _		
		City			Zip Coo	le

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, <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>	<u>Address</u>	Type of Action
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ective date.	if other than the	date of fili	ng:			(opti	ional)		
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