L19000071285

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COVER LETTER

TO: Registration So Division of Cor				• '
SUBJECT: MM	Marques 11C			
	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Matheus I	Name of Person	a Marques	
		Firm/Company	- -	
	915 NW 18+	CIVE ADT 130	-	
	Mami T	33136 City/State and Zip Code		
	MCHACUS COPE-mail address: (1	SQH @ gmail. (otification)	
For further information c	oncerning this matter, please ca	dl:		
MCHTYUJ LIJ Name o	Ma Marques r Person		- 9348 ime Telephone Number	- 11:15 - 11:15
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	☐ \$60.00 Filing For Certificate of \$	

(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liab	as it now appears on our records.) oility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L1900071985</u> .	ere filed on 03-13-2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here;
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	3 , <u>1</u>
(Mailing address MAY BE A POST OFFICE BOX)	
-	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	DI - 1

New Registered Agent's Signature, if changing Registered Agent:

MM Margues IIC

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.

City

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

Title	<u>Name</u>	Address	Type of Action
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Nathers Ildelano Lima Magres Signature of a member or authorized representative of a member	ed Maj								

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Filing Fee: \$25.00