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COVER LETTER

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TO: Registration Secti Division of Corpo			
SUBJECT:	Marbella Name of Limit	INSTITUTE Liability Company	LLC
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	es	enia Medina	Martinez
		Firm/Company	
	8809	Commodity Address	circle Suite 16
	<u></u> Stland		9
-	e xcepti E-mail address: (to	City/State and Zip Code On In Ulti Service be used for future annual report notifica	cogmail. com
For further information conc	erning this matter, please cal	Π:	
SEDICI Name of Pe	Heding Har	Tin Pat 331, 900 - Area Code Daytime To	111C)
Enclosed is a check for the f	ollowing 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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marbella	Institute LLC
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document numberL 19 000 154 9	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, enters the manne of the new
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>	Name	<u>Address</u>	Type of Action
MGR	Varitza Hernandez	de Jesus - 6809 voltairedr	DAdd
		de Jesus - 6209 voltairedr Orlando FL 32809	□ Remove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	(optional) days after filing.) Pursi nents, this date will n	uant to 605.02 of be fisted	-207 (l as tl
ne record specifies a delayed effective date, but not an effective time, at I The 90th day after the record is filed.	12:01 a.m. on th	ne earlier	· of:
Dated 7-4-2019			
Signature of a member or asthorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00