L20000095848

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Amend

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COVER LETTER

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TO:

	ion Section of Corporations				
	MARQUEZ PROPERTY HOLDINGS, LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articl	les of Amendment and fee(s) are	submitted for filing.			
Please return all cor	rrespondence concerning this ma	atter to the following:			
	ANDREW ROHNE				
		Name of Person			
	THE CENTER FOR F	INANCIAL LEGAL AND TAX PLANNING			
Firm/Company		Firm/Company			
	4501 W DEYOUNG ST STE 200				
	Address				
	MARION IL 62959				
	-	City/State and Zip Code			
	ANDREW@TAXPLANNING.COM				
		ess: (to be used for future annual report notification)			
For further informa	ition concerning this matter, plea	se call:			
MICHAEL HAMPLEMAN		618 997-3436 at ()			
Name of Person		Area Code Daytime Telephone Number			
Enclosed is a check	c for the following amount:				
■ \$25.00 Filing F	Fee S30.00 Filing Fee & Certificate of Statu	S55,00 Filing Fee & S60,00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
<u>Mailing A</u> Registrat		Street Address: Registration Section			
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARQUEZ PROPERTY HOLDINGS, LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our reco ted Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comparing L20000095848 L20000095848	any were filed on $\frac{03/30/2020}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	2000
		= -11
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		= = =
		•
3. If amending the registered agent and/or registered offi	ce address on our records, <u>ent</u> e	er the name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street addi	ress
		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>	<u>Name</u>	Address	Type of Action
AMBR	LUIS MARQUEZ	8181 NW 154TH ST STE 270	≣ Add
		MIAMI LAKES FL 33016	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		 	Remove
			□Change

D. If amending any other	r information, enter change(s) here: (Attach additional sh	neets, if necessary.)
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Note: If the date inserte	than the date of filing: the date must be specific and cannot be prior to date of filing or more thanked in this block does not meet the applicable statutory filing requite on the Department of State's records.	
If the record specifies a delay record is filed.	ved effective date, but not an effective time, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
Dated MAY 7TH	2020	
Pin	Morey	
	Signature of a member or authorized representative of a me	ember
LUIS B. MA	RQUEZ-AUTHORIZED MEMBER	

Typed or printed name of signee