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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FJ WARIN DW PARINERS LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
TRANCISCO JAUIER MARIN AGUDERO. Name of Person	
FIT HARIN AND PARTNERS LLC Firm/Company	
13951 SW 66th strong Apt. 103 A.	
MIAMI, FL 33183	
City/State and Zip Code Francisco mayin 714 6 9 mail. com. E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
TRANCICO JONIER MARINA at (786), 4425157 Area Code Daytime Telephone Number	, ,
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIT MARIN PARTNERS LLC

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed o	n and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	<u>av here</u> :
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:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	22
	<u> </u>
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	r Florida street address
	. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	139515W 6644 SIREET. APT MIAMI, FL 33183	Type of Action 204 A
<u>AMBR</u>	ANA MARÍA MARIN A	MIAMI, FL 33183	Ar\dd
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cord speci s filed.	fies a delaye	d effective d	ate, but not	an effecti	ve time, at l	2:01 a.m. o	the earlier	of: (b) Th	e 90th day after	r the
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Filing Fee: \$25.00