K21000281131

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000370078120

ENGLOSS - PORTO - CONTRACTOR

-1. 12. D

COVER LETTER

TO: Registration Section Division of Corporations .
SUBJECT: 1000 TOWN TOWN TOWN Company 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:
TOMMY EVENS MOURC
Marc's Family Towns UC
LOSION Adderly Can Terrace
City/State and Zip Code
TONNO MO COSTA QUANO - COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOYMM FUENS MAYC at (561) 634-5224 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60,00 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 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**

Marc'S Family (Name of the Limited Vial (A Flor	bility Company as it now appears on our records.) orida Limited Liabildy Company)
The Articles of Organization for this Limited Liability Florida document number <u>1.710028113</u>	y Company were filed on and assigned
This amendment is submitted to amend the following:	y;
A. If amending name, enter the new name of the li MOSC'S FORMY TYUC The new name must be distinguishable and contain the words "I	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADd	
Enter new mailing address, if applicable:	10000000000000000000000000000000000000
	Terrace lake wath f 33467 greed office address on our records, enter the name of the new registered
agent and/or the new registered office address here	<u>'e</u> :
Name of New Registered Agent: New Registered Office Address:	2310 N Addeny Cay Enter Florida street holders
77	OVO WOVAM., Florida 33402 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 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
(FOL	Johnny Evens Marc	10210 N Adderly Terrace	- QAdd
	J	lake worth A 33462	□Remove
			□Change
			□Add
			□Remove
			□Change
		.00000	□Add
			□Remove
			□Change
			□Add
			□Remove
		□Change	□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change

-	
-	
_	
-	
_	
-	
,	
Mate	tive date, if other than the date of filing:
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	Formst Marc
	Signature of a member or authorized representative of a member