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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Marshall G	roup Holdings LLC			
SUBJECT:	Name of Lim	nited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Unique Marshall			
		Name of Person		
	Marshall Group Holdings	LLC	7. 20 Za	
		Firm/Company	22 J	
	1563 SW Seagull Way			
		Address		1
	Palm City, FL, 34990		**12:	
		City/State and Zip Code	07	
	E-mail address: (	to be used for future annual report notif	lication)	
For further information c	oncerning this matter, please c	all:		
Unique Marshall		772 4976454		
Name o	f Person	Area Code Daytime	e Telephone Number	
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 (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S	Section	Street Address: Registration Sec		
Division of C P.O. Box 632	•	Division of Cor The Centre of T		
Tallahassee, l			Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marshall Group Holdings, LLC				
(Name of the Limite	d Liability Comp A Florida Limited	pany as it now appears on ou I Liability Company)	r record <u>s.</u> )	
The Articles of Organization for this Limited Lia	ability Compan	y were filed on 5/2/22	and a	ssigned
Florida document number L22000207432	<del></del> ·			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited lia	bility company here:		
Marshall Group Holdings of Palm City, LLC				
The new name must be distinguishable and contain the wo	ords "Limited Liab	pility Company," the designati	on "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applica	ıble:	no change		
(Principal office address MUST BE A STREE)	T ADDRESS)			
			972 811 4 811 8	
			到量	T)
Enter new mailing address, if applicable:		no change	(S) 18	
(Mailing address MAY BE A POST OFFICE H	3 <i>0X</i> )			
			PM 12: 0	
			55 07	_
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records	, enter the name of the n	<u>ew registered</u>
Name of New Registered Agent:	no change			
New Registered Office Address:				
		Enter Florida stree	et address	<del></del>
			, Florida	
		City	Zip Code	9

## 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other an effective date is listed, the ote: If the date inserted ocument's effective date	ne date must be specific in this block does no	and cannot be prio of meet the appli	cable statutory filir	option (option of the control of the	filing.) Purs	uant to 605.026 not be listed a
record specifies a delayer is filed.	d effective date, but	not an effective	ime, at 12:01 a.m.	on the earlier of: (b	) The 90th	n day after the
ated July 6		2022				
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