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SECRETARY COSTNE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: EIOH	iM R.B.	Marble INC ed Liability Company		
The enclosed Articles of Amendmen	nt and fee(s) are subir	nitted for filing.		
Please return all correspondence cor	cerning this matter to	o the following:		
		Name of Person		
_1	he Tax	Choice Firm/Company		
149	5 Forest	Hill Blud Ste G	3	
La	Ke Clark	Cc Shures, F.1. 3. City/State and Zip Code	3406	
De	E-mail address: (to	e Tax choice, cobe used for future annual report notific	om	
For further information concerning	this matter, please cal	И:		
Denny Car	rion	at (Sb 1) 530-7 Area Code Daytime	7272 Telephone Number	
Enclosed is a check for the following	g amount:			
	00 Filing Fee & rtificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address: Registration Section		Street Address: Registration Sect	ion	SECRETA TALLA

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

Tallahassee FL 32303

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELOHIM R.B. Marble INC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: ELOHIM R.B. MARBIE L. L. C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "Ll.C" 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)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address Florida 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

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			7
			□Remove
			□Change
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Note: If	e date, if other the tive date is listed, the d the date inserted in it's effective date or	this block does	s not meet the a	pplicable sta	of filing or more th tutory filing req	(option an 90 days after fil uircments, this d	al) ing.) Pursuant late will not	t to 605.0 be liste	0207 d as
record s d is filed	specifies a delayed e l.	effective date, b	ut not an effect	ive time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th da	ay after	the
Dated	3/21/2	<u>23.</u>							
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		Signatur	e of a member or	authorized re	presentative of a r	nember	<u> </u>	3 MAR 21	c
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Filing Fee: \$25.00