2/21/24, 10:30 AM

Division of Corporations



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(((H240000697873)))



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From:

Account Name : TAXLEAF.COM INC Account Number : I2014000084 Phone : (305)527-6617 Fax Number : (786)713-1940

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MARMAGANIA	. — -	
(Name of the Limited Liability Comp (A Florida Limited	nany a <u>y it now annears on our records.)</u> I Cabillay Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 08/25/2023 and assig	ned
Florida document number 1.23000399802		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
	71	HERE AL I
The new name most be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation [1-1].	C. 6 6
Enter new principal offices address, if applicable:	20	
(Principal office address MUST BE A STREET ADDRESS)	SS	[ ± 1
		)
Enter new mailing address, if applicable:	· ; •	
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
		<del></del>
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	
<del></del>	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent	ı:	

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

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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
MGR	MARIA, ELENA- SIMONA	129 WINGED FOOT LN	□ Add
		BOCA RATON, FL 33431	□Remove
			<b>≡</b> Change
<del></del>			□Add
			□Remove
			☐ Change
			∐Add
			Remove
			□ Change
			⊔Add
		□Remove	
			Change
			Fladd
			LJRemove
			□Change
			🗆 Add
			□Remove
		UlChange	

). II am	ending any other information, enter change(s) here: Attach additional sheets, if nevessary.)
Note:	ive date, if other than the date of filing:
the reco	id specifies a delayed effective date, but not an effective time, or 12:01 a.m. on the earlier of. (b). The 90th day after the ded.
Dated	FEBRUARY 21ST 2024
	Signature of a member or authorized representative of a member
	LIV ACEVEDO LEITER  Typed or printed name of signee