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COVER LETTER

TO:

	Registration Se Division of Cor					
	MARKSBORO, LLC ECT: Name of Limited Liability Company					
SUBJEC						
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		DALILA R DINIZ				
			Name of Person			
		MARKSBORO, LLC				
		·	Firm/Company			
		2875 NE 191 ST SUITE 7	01A			
			Address	····		
			City/State and Zip Code	1-1-11-1		
		AVENTURA FL 33180	,			
		E-mail address: (to be used for future annual report not	ification)		
For furth	er information c	oncerning this matter, please c	all:			
DALILA	ADINIZ		305 933-3081			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25.0	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		<u>Street Address:</u> Registration Se	ection		
Registration Section Division of Corporations			Division of Corporations			
	P.O. Box 632		The Centre of			
	Tallahassee, I			pe Street, Suite 810		

Tallahassee, FL 32303



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



MARKSBORO, LLC

(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 v Florida document number $\frac{L07000109957}{L07000109957}$	were filed on 11/01/2007	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>c</u>	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street d	address
		Florida
	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
President	H, EDWARD BERG	2875 NE 191 ST SUITE 701A AVENTURA FL 331	8(a Add
			□Remove
			□ Change
			🗀 Add
			□Remove
			□Change
	<u></u>		□Add
			□Remove
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			□Add
			□Remove
			[]Change
			□Add
			⊡Remove
			□ Change

	
Note:	ive date, if other than the date of filing:
e reco	rd 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 iled.
Dated	FEBRUARY 29,2024
	Dalila Luder)
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00