## L08000083597

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## **COVER LETTER**

	tration Section on of Corporations			
SUBJECT: N	Name of Limited Liability Company			
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
	ROBIN CRUIKSHANK.			
	MARMALADE DEVELOPMENTS LLC'			
	GOC. Jones, PA. 17/ WESTWARD DRIVE,			
	MIAMI SPRINGS FLORIDA 33 (66)  City/State and Zip Code  RORINTG A OL. COM.  E-mail address: (to be used for future annual report notification)			
For further inform	E-mail address: (to be used for future annual report notification) nation concerning this matter, please call:			
	Name of Person  at (305) 331 3387.  Area Code Daytime Telephone Number			
	k for the following amount:  For \$\Bigsiz \\$30.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \$\Bigsiz \\$60.00 \text{ Filing Fee.} \\  Certified \Bigsiz \\$60.00  Filin			

MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

MARMALADE DEVELOPMENTS	5 1-1-0
Name of the Limited Liability Company as it now are (A Florida Limited Liability Company	Hears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number ( 0.2000003563	
Florida document number <u>L08000083597</u>	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbrevietion "LLC"
Enter new principal offices address, if applicables	and the state of t
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicables	
(Mailing address MAY BE A POST OFFICE BOX)	3
B. If amending the registered agent and/or registered office address of registered agent and/or the new registered office address here:	our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flor	ide street caldress
	, Florida
City New Registered Agent's Signature, if changing Registered Agent:	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 heing 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

THIE	<u>Name</u>	Address	Type of Action
Joint MGR	. Chilako Sailo Cruikshank	171, Westwar Drive, Miami Sprmas, FloriDA	33166
			Remove
			□ Change
			□ Remove
			Change
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			Remove
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			🗆 Change
			□ Remove
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<del></del>			□ Add
	-		□ Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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? <b>ff</b> ooti	Vo doto if other than the late of the
f an eff	ve date, if other than the date of filing:
<u>Note:</u> locume	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated (	2619MAY , 2017
`	Kelin to Land
	Signature of a member or authorized representative of a member
	ROBIN CRUIKSHANK. Typed or printed name of signee

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Filing Fee: \$25.00