108 0000 99307

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| 125 |

Office Use Only



500342436135

03/23/20--01020--001 **52.50

2020 APP. 20 AM 9: 03

Amend

APR 2 0 TOTAL I ALBRITTON

COVER LETTER

| TO: Registration Sect Division of Corp | | | |
|---|---|---|--|
| CHRICT. | MARN | NAD LLC | |
| SUBJECT: | | ited Liability Company | |
| | | | |
| The enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please return all correspond | dence concerning this matter | to the following: | |
| | | Mark Rubin | |
| | | Name of Person | |
| | | Marmad | |
| | | Firm/Company | 1 / :1 > .0.1 |
| | 5350 | W. Hillsboro Blue | d. Dute B-104 |
| | | | |
| | Cocon | ut Creek, Fl. | 3307 <i>3</i> |
| | | City/State and Zip Code bin @ hot mail | |
| | | to be used for future annual report notif | |
| For further information cor | ncerning this matter, please ca | all: | |
| Mark | Rubin | at (<u>954)</u> 531 Area Code Daytimo | -6831 |
| Name of I | Person | Area Code Daytimo | : Telephone Number |
| Enclosed is a check for the | following amount: | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy | ☐ \$60.00 Filing Fee. Certificate of Status & |
| ou are holding ur check for per | your letter | (additional copy is enclosed) | Certified Copy (additional copy is enclosed) |
| Mailing Address: | | Street Address: | |
| Registration So Division of Co | | Registration Sec Division of Cor | |
| P.O. Box 6327 | | The Centre of T | allahassee |
| Tallahassee, FI | 32314 | 2415 N. Monroe | e Street, Suite 810 |

Tallahassee, FL 32303



2020 AFT 20 / 11:32

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2020

MARK RUBIN 5350 W. HILLSBORO BLVD STE. B-104 COCONUT CREEK, FL 33073

SUBJECT: MARMAD, LLC Ref. Number: L08000099307

We have received your document for MARMAD, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 220A00007268

Please See revised form

www.sunbiz.org

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

| Mari | mad LLC |
|--|---|
| (Name of the Limited Liab (A Flori | oility Company as it now appears on our records.) ida Limited Liability Company) |
| The Articles of Organization for this Limited Liability Florida document number <u>L 08000099307</u> | Company were filed on $10.21.2008$ and assigned $10.21.2008$ |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lin | mited liability company here: |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADL | DRESS) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | THE PRIZE |
| (Maning address MAT BE A FOST OFFICE BOA) | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | red office address on our records, <u>enter the name of the new registered</u> : |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| New Registered Agent's Signature, if changing Register | City Zip Code red 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 |
|--------------|---------------------------------------|---|----------------|
| Manager | Lovik, Tina | 5350 W. Hillsboro Blvd. Suite B-104 Coconut Creek, Fl 33073 | □Add |
| , | | Coconut Creek, Fl 33073 | DKemove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □Change |
| | · · · · · · · · · · · · · · · · · · · | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | 🗆 Remove |
| | | | 🗆 Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |

|). If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------------------|---|
| - | |
| - | |
| | |
| - | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| • | |
| • | |
| • | |
| • | |
| | |
| Note: | ive date, if other than the date of filing: |
| he reco ord is t | d 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 led. |
| Dated | April 9 Zozo |
| | Signature of a member or authorized representative of a member |
| | Mark Rubin |
| | Typed or printed name of signee |

Filing Fee: \$25.00