112000025178

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(City/St	ate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Nam	ne)
(Docun	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filir	g Officer:	
		1

Office Use Only



500299350415

05/18/17--01016--022 **25.00

MAY 1 9 2017 S. YOUNG SECRETARY OF STATE FALL AHASSEE, FLORIDA

COVER LETTER

TO: Registration So Division of Cor			
MARAKA SUBJECT:	ND LLC		
SUBSECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	NICK WILMOT		
		Name of Person	
	DEBBIE'S ACCOUNTING	G SERVICE, INC	
		Firm/Company	
	3575 SOUTHSIDE BLVD		
		Address	
	JACKSONVILLE, FL 322	16	25
		City/State and Zip Code	T CORE
	SELMAHIDIC@AOL.COM	A to be used for future annual report notifications.	Ention)
For further information of	oncerning this matter, please ca	·	THAY IS AN 3: Cation)
NICK WILMOT		904 733-4547	S. Contraction
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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 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 OF

MARAKAND LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I	iability Company	were filed on $\frac{0}{2}$	2/21/2012	_ and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company h	ere:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the	designation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if appli			S INDUSTRIAL LANE ST	
(Principal office address MUST BE A STRE		JACKSONVII	LE, FL 32256	
Enter new mailing address, if applicable:		6724 PHILLIP	S INDUSTRIAL LANE ST	E 6 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Mailing address MAY BE A POST OFFICE	BOX)	JACKSONVII	LE, FL 32256	TATE OF THE PERSON OF THE PERS
			· · · · · · · · · · · · · · · · · · ·	9
B. If amending the registered agent and registered agent and/or the new registered of			n our records, <u>enter th</u>	ne name of the New
Name of New Registered Agent:	SRYBNYKH.	DMITRI		
New Registered Office Address:	6724 PHILLIP	S INDUSTRIAL,	LANE STE 6	
		Enter Flo	orida street address	
	JACKSONVIL		, Florida 3225	6
		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.

f Changing Registored Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added for removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SRYBNYKH, DMITRI	6724 PHILLIPS INDUSTRIAL LANE STE 6	Add
		JACKSONVILLE, FL 32256	□ Remove
			■ Change
D	SRYBNYKH, NATALYA	6724 PHILLIPS INDUSTRIAL LANE STE 6	□ Add
		JACKSONVILLE, FL 32256	□ Remove
			☐ Change
			1 ABY 1
			Remere
			Renfeve Change
			□ Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			Change

•								
								
								
								
<u></u>								
								元学
	<u> </u>						. 144	主题
.								MAN 18
								6 See
								بب
1818-11-1,0 -1					· -			— ోట
700 (* 1 (10 ()	41 1 06	w					1	
Effective date, if other the fan effective date is listed, the	date must be specifi-	c and cannot b	e prior to da	ite of filing or	more than 90	days after fili	i l) ng.) Pursuant to	o 605.0207 (3
Note: If the date inserted in document's effective date of	n this block does r	not meet the	applicable					
	γ							
ne record specifies a c The 90th day after t			ut not ar	n effective	time, at	12:01 a.m	n. on the e	arlier of:
Dated MAY 10TH		2017)				
Dated		•	/		·····			•
			/		-			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00