12000152801

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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
	ATHON LLC	•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ASHLEY GRANT			
		Name of Person		
	C. LUTHER PICKELS &	ASSOCIATES		
		Firm/Company		
	990 S JEFFERSON ST			
		Address		
	MONTICELLO, FL 32344	1		
		City/State and Zip Code		
	ASHLEY@LUTHERPICK			
	E-mail address: (to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
ASHLEY GRANT		850 997-0777 at ()		
Name o	f Person	Area Code Daytii	ne 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration 5		Street Address: Registration S	ection	
Division of C	-		Division of Corporations	
P.O. Box 632 Tallahassee		The Centre of 2415 N. Monr		
Tallahassee, FL 32314		2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 18 PM 3:

1-10 MARATHON LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SEGRETARY OF ST. TALLAHASSEF, F

		,00(E, F
The Articles of Organization for this Limited Liability Company	were filed on 12/16/2012	and assigned
Florida document number L12000152801		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	C" 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: Name of New Registered Agent:	address on our records, <u>ente</u>	
New Registered Office Address:	Enter Florida street addra	
	, F	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	·

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
MGR	FELIX R. JOYNER	422 WHITEHOUSE RD	□Add
		MONTICELLO, FL 32344	■Remove
			□Change
MGR	AUSTIN HOSFORD	422 WHITEHOUSE RD	= Add
		MONTICELLO, FL 32344	Remove
			□Change
		_	□Add
			□Remove
			□ Add
			🗆 Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change

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l'an effect <mark>Note:</mark> - If	e date, if other than the date of filing:
record : d is filed	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
Dated	5.12.22
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

		
		
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(If an e <u>Note</u>	ve date, if other than the date of filing:	
If the record is	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 led.	th day after the
	5-12-22	
Date		
Date		

Filing Fee: \$25.00

Typed or printed name of signee