# L13000005280

(Req	uestor's Name)	
(Add	ress)	
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(City.	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number	······································
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MARLI GRINBER	G LLC	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitions Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature	<del></del>	Fictitious Owner Search
		Vehicle Search
	<del> </del>	Driving Record
Requested by: BA	2/9/21	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

#### **COVER LETTER**

TO: Registration S Division of Co			
Marli Grin	berg LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
	Amendment and fee(s) are sub		
	Mark Mangen		
		Name of Person	
	Straughn & Turner, P.A.		
		Firm/Company	
	255 Magnolia Avenue SW		
		Address	<u></u>
	Winter Haven, FL 33880		
		City/State and Zip Code	<del></del>
	MMangen@straughnturner.	com to be used for future annual report notifica	No. X
			ation)
For further information of	concerning this matter, please ca	all:	
Mark Mangen		863 293-1184 at ()	
Name o	f Person		elephone Number
Enclosed is a check for the	he 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		<u>Street Address:</u> Registration Secti	on

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marli Grinberg LLC		
(Name of the Lin	nited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) ony)
The Articles of Organization for this Limited	Liability Company were filed or	n 1/10/2013 and assigned
Horida document number L13000005280	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the fo	Howing:	
A. If amending name, <u>enter the new name</u>	of the limited liability compan	<u>vy here</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
	<del></del>	
Inter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE	<u> </u>	
		100 = 50
		ur records, enter the name of the new register
gent and/or the new registered office addr	<u>ess here</u> :	一点 3
Name of New Registered Agent:	Mark Mangen	
New Registered Office Address:	255 Magnolia Avenue SW	
*	Enter	Florida street address
	Winter Haven	, Florida <sup>33880</sup>
	City	Zin 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 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 adder or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			🗆 Remove
			Change
			DAdd
			□Remove
			□ Change
			🗀 Add
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			□ Add
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			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing:  (optional)  If an effective date, is fisted, the date must be specific and vannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Note:  (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  (are record 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 rd is filied.  Dated  February  2221  Signature of a member or authorized representative of a member.		
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Signature of a member or authorized representative of a member	rd is file	
	rd is file	February 9 2021