L13000140362

(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	e #)	
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Marlin, Alter & Associates, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Benjamin Bowman

Name of Person

Marlin, Alter & Associates, LLC

Firm/Company

1500 Beville Road - Suite # 606-378

Address

Daytona Beach, FL 32114

City/State and Zip Code

balter.maa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Bowman

386 631-0646

Name of Person

Area Code & Daytime 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
(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

FILED.
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SECHETARY OF STATE TALLAMASSEE, FLORIDA

Matlin, Alter & Associates, L		(FALLE FALLY GARAGES E) EAST ARREST
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number <u>L13000140362</u>	Company were filed on 10/04/20	and assigned
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office agent		ords, enter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Flori	da street address
		, Florida
	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

· MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Brian Bowman	1500 Beville Road - Suite # 606-378	Add
		Daytona Beach, FL 32114	Remove
			L Add
		,	Remove
			Add
			Remove
			Add
			Remove
			_
			Add
			Remove
			_
			Add
			Remove

If amending any other information	tion, enter change(s) here: (Attach additional sheets, if necessary.)
	
ated October 18	2013
2	
Ben	Howman
	nature of a member or authorized representative of a member
Benjamin Bowm	an .
Donganiin Down	na i

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Filing Fee: \$25.00

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SECRETARY OF STANK