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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

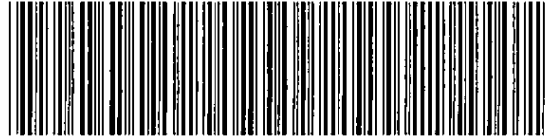
(Document Number)

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FILED  
24 MAY -2 PM 4:29  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MARAMA 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:

JARED D JONES CPA

Name of Person

JONES&CO. CPAS & ADVISORS

Firm/Company

3807 N 12TH AVENUE

Address

PENSACOLA FL 32503

City/State and Zip Code

JARED@JONESANDCO.COM

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

For further information concerning this matter, please call:

JARED D JONES CPA

850 450-8960  
at ( )

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 Address:**

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

No check  
KB

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

MARAMA LLC

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

The Articles of Organization for this Limited Liability Company were filed on MARCH 21 2014 and assigned  
Florida document number L14000047571.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The 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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

3807 N 12TH AVENUE

PENSACOLA FL 32503

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3807 N 12TH AVENUE

PENSACOLA FL 32503

FILED  
24 MAY - 2 PM 4:29  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

JARED D JONES

New Registered Office Address:

3807 N 12TH AVENUE

*Enter Florida street address*

PENSACOLA

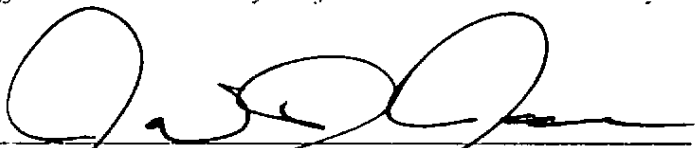
*City*

Florida 32503

*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.*

  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	THOMAS H GLESSER	20 WEST LEE STREET	<input type="checkbox"/> Add
		PENSACOLA FL 32501	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JO ANNE GLESSER	20 WEST LEE STREET	<input type="checkbox"/> Add
		PENSACOLA FL 32501	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THOMAS H GLESSER	3807 N 12TH AVENUE	<input checked="" type="checkbox"/> Add
		PENSACOLA FL 32503	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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		PENSACOLA FL 32503	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

The EIN of this LLC as currently appears on Sunbiz is incorrect. The EIN should be amended to 36-4781532.

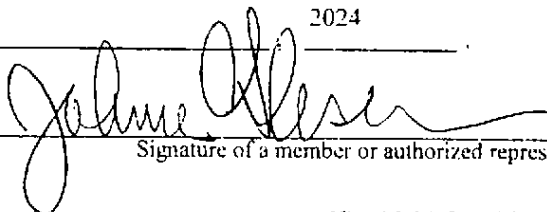
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated APRIL 24 2024



Signature of a member or authorized representative of a member

JO ANNE GLESSER

Typed or printed name of signee

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**(Principal office address MUST BE A STREET ADDRESS)**

PENSACOLA FL 32503

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PENSACOLA FL 32503

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City

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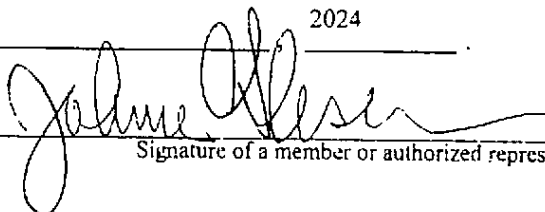
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