## L15000 167152

(Req	uestor's Name)	
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## **COVER LETTER**

TO: Registration Solvision of Co	ection 5
Marmite It	nternational LLC
	Name of Limited Liability Company
The state of the state of	
	f Amendment and fee(s) are submitted for filing.
Please return all correspondence	ondence concerning this matter to the following:
	Billie K. Matthews
	Name of Person
	Fred B. Share, Esq.
	Firm/Company
	1092 Ridgewood Avenue
	Address
	Holly Hill, FL 32117
	City/State and Zip Code
	fshare@cfl.rr.com
	E-mail address: (to be used for future annual report notification)
For further information (	concerning this matter, please call:
Billie K. Matthews	386 253-1030 at ()
Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check for t	the following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Marmite International LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	<del> </del>
The Articles of Organization for this Limited Liability Compa	any were filed on June 12, 2015	and assigned
Florida document number L15000103152		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
Marmitte International LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abb	reviation "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 registered agent and/or the new registered office address h		he name of the new
Name of New Registered Agent:	<u></u>	
New Registered Office Address:	(A)	- Iman
	Enter Florida street address	
	, Florida 🔾 =	. Zip Code
New Registered Agent's Signature, if changing Registered Age		

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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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CHICK	ve date is nated, the date must be specific and cannot be prior to date of fining of more main 50 days after fining.) ruistiant to 005.	.024
ume	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister's effective date on the Department of State's records.	aa
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reco he <sup>o</sup>	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied the day after the record is filed.	:r-(
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00