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| PICK-UP | ☐ WAIT | MAIL |
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| (Do | cument Number) | , |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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J. HARRIS

COVER LETTER

| | stration Section sion of Corporations | |
|-------------------|--|--|
| SUBJECT: | Marie Deen LLO | <u> </u> |
| | Name of Limited Liability Comp | oany |
| | | |
| The enclose | Articles of Amendment and fee(s) are submitted for filing. | |
| Please retur | all correspondence concerning this matter to the following: | |
| | KAYSA WIS | Λα |
| | Name of Pe | rson |
| | Firm/Comp | pany |
| | 2649 Bancrof | <u></u> |
| | Address | |
| | Mands, fl 328. City/State and Z MariedeenLLC & G E-mail address: (to be used for fileder) | 33 |
| | City/State and Z | ip Code |
| | Marie Olen LLC & G E-mail address: (to be used for fulfil | mal. Com e annual report notification) |
| For further | formation concerning this matter, please call: | • |
| K | Name of Person at (40) | 7 Ode Daytime Telephone Number |
| • | | |
| Enclosed is | check for the following amount: | |
| \$ \$25.00 | Certificate of Status Certified | |

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

| Marie Deen LLC (Name of the Limited Liability Compa (A Florida Limited | | |
|---|--|---|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | any as it now appears on Liability Company) | our records.) |
| The Articles of Organization for this Limited Liability Company Florida document number 15000123168 | were filed on | 17/2015 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the design | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | _ |
| | | |
| | | 12 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 0 |
| | | co , , , |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. | | ar records, <u>enter the name of the</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| Enter Florida street address | | street address |
| | , Florida City Zip Code | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | <u>:</u> | |
| I hereby accept the appointment as registered agent and agreen provisions of all statutes relative to the proper and complete | | |

If Changing Registered Agent, Signature of New Registered Agent

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 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 = A | uthorized Member | | |
|--------------|------------------|--------------------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | Wanda W. English | 4130 Victoria lakus drw | D X4dd |
| | | Jacksonville A 32226 | Remove |
| | | | Change |
| MGR | Kevin B. English | 4130 Victoria lakes de W | jX (Add |
| | | Jacksonville fl 32226 | □ Remove |
| | | ···· | ☐ Change |
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| EL 66 . 41 | ve date, if other than the date of filing: Nov 10, 2016 (optional) | | • |
| (II an eff | ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) I | Pursuant to 605. | 0207 (3) |
| | If the date inserted in this block does not meet the applicable statutory filing requirements, this date went's effective date on the Department of State's records. | ill not be liste | d as the |
| | • | | |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or | n the earlie | r of: |
| The | 90th day after the record is filed. | | |
| Dated | Nov 10 2016 | | |
| | Va m ha | ₹ | |
| | Jaly-101. M | <u> </u> | 3 |
| | Signature of a member or authorized representative of a member | . 45 | -25t |
| | Kalyda M. Wilson | #- * 70> | |
| | Typed or printed name of signee | #H II: 08 | 7.50 |
| | | : 0. | - 5 |
| | | CD | |

Page 3 of 3

Filing Fee: \$25.00