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S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor		
SUBJECT: MARA	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	DOROTHY HAVES Name of Person MARHDEE ENTERPRISES, LLC Firm/Company	
	2766 PEBBLE BEACH DR Address	-T
	NAVARRE, FL 32566 City/State and Zip Code MARHDEE Q acc, com E-mail address: (to be used for future annual report notification)	イートロし
For further information of	concerning this matter, please call:	
DOPOTHY A	at (850) 902 - 9558 Area Code Daytime Telephone Number	
Enclosed is a check for the	he following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 SEPT 21, 2015 and assigned Florida document number 1500160212 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MARHDEF 1 22 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:	
Florida document number <u>L. 15001460292</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MAPHDEE J. L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Florida document number <u>L. 15001460292</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MAPHDEE J. L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
A. If amending name, enter the new name of the limited liability company here: MAPHDEF , LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
MARHDEE, LLC 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)	
	_
Enter new mailing address, if applicable:	1
(Mailing address MAY BE A POST OFFICE BOX)	<u>)</u>
	_
B. If amending the registered agent and/or registered office address on our records, enter the name of the	neu
registered agent and/or the new registered office address here:	nen
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
Florida, Florida	_
City Zip Code New Registered Agent's Signature, if changing Registered Agent:	

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	DEWAYNE HAYES	2766 PEBBLE BEFICH DR NAVARRE, FL 32566	D Add
		NAVARRE, FL 32566	☐ Remove
			Change
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fective date, if	other than the da	ate of filing:	, ~			tional)
an effective date is	listed, the date must b	e specific and car k does not mee	t the applicabl		re than 90 days aft	er filing.) Pursuant to 605.0207 nis date will not be listed as
cument's effecti						
cument's effecti		effective date	e, but not a	n effective ti	me, at 12:01	a.m. on the earlier of
record speci	fies a delayed e					
record speci	fies a delayed e after the recor	d is filed.				
record speci The 90th day	fies a delayed e after the recor	d is filed.				
e record speci The 90th day ated	after the recor	d is filed.				
e record speci The 90th day ated	after the recor	rd is filed. 				
e record speci The 90th day ated	after the recor	 . Mar	yer or authoriz	ed representative (of a member	

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Filing Fee: \$25.00