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COVER LETTER

Registration Section Division of Corporations TO:

SUBJECT: Marting (0.1201 to 1010 LCC) Name of Limited Liability Company	
Nume of Ellinest Blabinity Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MICHOCILE MCIVIO Name of Person	
Name of Person	
Wiring Co Oral Istate II C	
Maring Co. Real Estate ILC Firm/Company	
0.20 1. 200.00	
2294 Pravny Lane	
MCIDOUYNE, FL 32940	
Chyrolate and hip code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michelie, Michelie at (850) 218-3939 Name of Person at (850) Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of S	

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

The state of the s OF Marin & Co. Pecar Estate LLC

The Articles of Organization for this Limited Liability Cor Florida document number <u>L15006181001</u>	mpany were filed on 10/23/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
COLLUNGY CATIVE. TYCINS CICLICY The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	CSS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zin 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>	Address 405 LCIKEVICLO Drive	Type of Action
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lianeffe <u>Note:</u> I	effective date, if other than the date of filing: 11/4 2024 (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date ment's effective date on the Department of State's records.) Pursuant to 605.0207 will not be listed as
e record d is file	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The filed.	e 90th day after the
	. 1001001 10 40 2001	
Dated _	1 January 14th , 2024.	
Dated _	Odlice as Iller Geron	
Dated _	Signature of a member or authorized representative of a member	