116000052233

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only

A. RIVERS DEC 1 6 2021



000377026510

12/03/21--01015--028 **25.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESTUDIO MARSHALL & PARTNERS LLC

 P_{I}

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

| (A Florid | a Limited Liability Company) |
|---|--|
| The Articles of Organization for this Limited Liability (| Company were filed on 03/14/2016 and assigned |
| Florida document number L16000052233 | · |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lin | nited liability company here: |
| The new name must be distinguishable and contain the words "Lir | nited 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 ADD. | <u>RESS)</u> |
| El | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| - | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, <u>enter the name of the new registere</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address Florida City City Code |
| <u></u> | , Florida : |
| New Registered Agent's Signature, if changing Registere | ed Agent: |
| provisions of all statutes relative to the proper and accept the obligations of my position as registered a | t and agree to act in this capacity. I further agree Recomply with the complete performance of my duties, and I ahi fumil ia r with and agent as provided for in Chapter 605, F.S. Or If this document is red office address, I hereby confirm that the limited liability |
| Ė | |
| · . | 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 | Type of Action |
|--------------|-----------------|-------------------------------------|----------------|
| AMBR | LUCAS MARSHALL | 11281 SW 9TH MANOR, DAVIE, FL 33325 | = Add |
| | | | □Remove |
| [1] [2] | | | □Change |
| V. AMBR | CAMILA MARSHALL | 11281 SW 9TH MANOR, DAVIE, FL 33325 | |
| 1. | | | = Add |
| * | | | □Remove |
| | | | Change |
| 1 | | | □Add |
| .} | | | □Remove |
| : | | | □Change |
| | | | □Add |
| | | | □Remove |
| • | | | ☐ Change |
| | | | □Add |
| | | | |
| | | | Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □Change |

| _ | |
|-------------------------------|---|
| _ | |
| _ | |
| | |
|). II | |
| | |
| _ | |
| _ | |
| _ | |
| _ | |
| | |
| _ | |
| _ | |
| _ | |
| _ | 13/01/0031 |
| (If an effe <u>Note:</u>] | te date, if other than the date of filing: [12/01/2021] (optional) (autive 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) fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records. |
| 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 d. |
| Dated _ | DECEMBER 1 2021 |
| ·. | Signature of a member or authorized representative of a member |
| • | SANDRA B CABRERA |

Typed or printed name of signee