KILCCC 153566

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Cr 8/28/2022

COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	Marca Print	s LLC				
SUBJECT	Name of Limited Liability Company					
The enclosed	l Articles of.	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Michael McAleenan				
			Name of Person			
		Marca Prints LLC				
			Firm/Company			
		6151 4th Ave S				
			Address			
		St Petersburg FL 33707				
			City/State and Zip Code			
		mcaleenan.m@gmail.com		c. d. x		
			to be used for future annual report notif	ication)		
For further in	itormation co	oncerning this matter, please c	all:			
Michael McA	Alcenan		727 317-7338 at ()			
	Name of	f Person	Area Code Daytimo	e Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	îling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mai	ilina Addross		Stroot Address			

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

TO:

Registration Section

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marca Prints LLC

2022 JULI 13 111 8: 22

(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 $\frac{08/16/2016}{1}$ and assigned Florida document number ____L16000153566 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Michael Heals LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6151 4th Ave S Enter new principal offices address, if applicable: St Petersburg FL (Principal office address MUST BE A STREET ADDRESS) 33707 6151 4th Ave S Enter new mailing address, if applicable: St Petersburg FL (Mailing address MAY BE A POST OFFICE BOX) 33707 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
MGR	Nicole McAleenan	6151 4th Ave S	□Add
		St Petersburg, FL	■Remove
		33707	□Change
			□Add
			□Remove
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nativa data	if other than the c	late of filing:	06/01/2022		(option	nal)	
effective date	is listed, the date must	be specific and car	nnot be prior to da	te of filing or more	than 90 days after fi	iling.) Pursuant to 60)5.020
te: If the date	e inserted in this blo- ctive date on the De	ck does not mee	the applicable	statutory filing re	equirements, this	date will not be lis	sted a
ument s ene	enve date on the De	ratification of stat	e s records.				
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cord specifie s filed.	s a delayed effective	date, but not an	effective time,	at 12:01 a.m. on 1	ne earlier of: (b)	the 90th day att	er inc
s med.							
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.ed	/N-C UD		2022 .				
	ne 06	1/1/					
		Signature of a mer	mber or authorize	d representative of	a member		

Typed or printed name of signee