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COVER LETTER

SUBJECT:	BLACK G	OLD TRUST, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		;
		HAYDEE PEREZ		
		Name of Person		
	IMMIGRATION &	INCOME TAX SERVICI	E ASSOCIATES	S, INC.
	·	Firm/Company		
	8	854 N. MILITARY TRAI	L	
•		Address		
	WE	ST PALM BEACH, FL 3	3405	
•		City/State and Zip Code		
		BANITA1967@YAHOO to be used for future annual		<u>, , , , , , , , , , , , , , , , , , , </u>
For further information of	concerning this matter, please co		Topoli in initiation	
HAYDE	E PEREZ	561 at ()	582-5599	
Name (of Person	Area Code	Daytime Telep	hone Number
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

TO:

Registration Section . Division of Corporations

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

BLACK GOLD	TRUST, LLC
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.)
(A Florida Limited I	Crability Company)
The Articles of Organization for this Limited Liability Company	were filed on OCTOBER 28, 2016 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
MARVELMAT E	NTERPRISE, LLC
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation, "L.L.C."
Enter new principal offices address, if applicable:	7801 N. FEDERAL HIGHWAY, BLDG Z #102
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 33487
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7801 N. FEDERAL HIGHWAY, BLDG #z, 102 BOCA RATON, FL 33487
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	l
	Enter Florida street address
	, Florida
	City Zip 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

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person—being adde</u> or removed from our records:				
MGR =	Manager Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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		AUGUST 28, 2017		
ective date, if effective date is	other than the date of filit listed, the date must be specific ar	ng: nd cannot be prior to date of filing or more	(optional) than 90 days after filing.) Pursu	ant to 605.0
e: If the date in	nserted in this block does not	meet the applicable statutory filing re		
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	Signature of a	a member or authorized representative of	a member -	<u> </u>

Page 3 of 3

Filing Fee: \$25.00