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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	= #)
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Certified Copies	_ Certificates	s of Status
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S. PRATHER

COVER LETTER

	egistration Section Section of Corp			
Gun Heer		Liardo, LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please rett	irn all correspo	ndence concerning this matter	to the following:	
		Jeffrey L. Kaplan		
			Name of Person	
		Kaplan Law Firm		
		-	Firm/Company	
		130 Remington Drive	Suite 1000	
		•	Address	
		Oviedo, Florida, 32765		
			City/State and Zip Code	
		jkaplan@kaplanlawfirm.u E-mail address: ()	S to be used for future annual report notifi	cation)
For furthe	r information co	oncerning this matter, please ca	·	
Jeffrey K	aplan		407 706-6700 ลเ ()	
	Name of	Person		Telephone Number
Enclosed i	is a check for th	e following amount:		
\$25.04) Filing Fee	☐ \$30.00 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)

MAILING ADDRESS: Registration Section Division of Corporations

TO:

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

Marian G. Liardo, LLC

and assigned
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he abbreviation "L.L.C."
nter the name of the
9
aZip Code

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 = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	 		
			Remove
			Change
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ctive date, if other than t	the date of filing:	(optional)
If the date inserted in this	s block does not meet the applicable statutory filing rec	quirements, this date will not be listed
iment's effective date on the	e Department of State's records.	
ecord specifies a delay	yed effective date, but not an effective time	e at 12:01 a.m. on the earlier
ie 90th day after the r		e, 11 11 11 anni on the cultici
, July 17	2018	
ed		
	- 200	
	#//// C	number
	Signature of a member or authorized representative of a	' b
Jeffrey L. Kaplar		2 2 2 2
Jeffrey L. Kaplarf, A		' b
Jeffrey L. Kaplarf, A	Attorney at Law	18 JUL 24
Jeffrey L. Kaplark, A	Attorney at Law	' b