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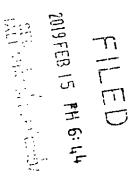
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## **COVER LETTER**

	ration Se on of Cor	ection porations		
		ALES BY JONESY LLC		
SUBJECT:		Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub- indence concerning this matter		
		THOMAS R. HERRERA		
		PREMIER TAX & ACCO	Name of Person PUNTING CONSULTANTS INC	
		12301 LAKE UNDERHIL	Firm/Company L ROAD STE 257	<del></del>
		ORLANDO, FL 32828	Address	
		TOM@TRHFIN.ORG	City/State and Zip Code	
For further infor	mation co	h-mail address: ( oncerning this matter, please ea	to be used for future annual report noti ull:	ncation)
THOMAS R. H	ERRERA		407 392-1488	
Name of Person			e Telephone Number	
Enclosed is a cho	eck for the	e following amount:		
<b>≅</b> \$25.00 Filing	g 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)
	MAILI	NG ADDRESS:	STREET/COURI	ER ADDRESS:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESTATE SALES BY JONESY LLC		
( <u>Name of the Limited Liability</u> (A Florida I.	Company as it now appears on our records.) annited Liability Company)	<del></del>
The Articles of Organization for this Lumited Liability Cor Florida document number $\frac{1.17000054395}{1.17000054395}$	mpany were filed on $\frac{03/08/2017}{\cdot}$	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:	
MARLO PROPERTIES LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the	e abbreviation "L.L.C"
Enter new principal offices address, if applicable:		Par T
(Principal office address MUST BE A STREET ADDRE.	<u></u>	3 70
Enter new mailing address, if applicable:		6.
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		er the name of the r
Name of New Registered Agent:		
New Registered Office Address:	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

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>	Name	Address	Type of Action
			□ Remove
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			□ Remove
			Change
			Add
		-	□ Remove
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			Change
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this I document's effective date on the	ust be specific and cal block does not mee	nnot be prior to d it the applicable	ate of filing or more t statutory filing red	(optional) nan 90 days after filing.) I juirements, this date w	hirsuant to 605,0207 (3)(bill not be listed as the
If the record specifies a delaye (b) The 90th day after the re	ed effective dat cord is filed.	e, but not ar	n effective time	, at 12:01 a.m. oı	n the earlier of:
Dated	2	2019			
	74 1	11:1110	'.		
	1 1110	11/1/1/1/0	- (		

Page 3 of 3

Typed or printed name of signee