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OCT 21 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MARION 44/ LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
GANDAII DREW
Name of Person
Firm/Company
4545 SW 60 AVE # 772481
Address
OCALA, AZ. 34477  PROLLE 466 GMAIL. COM
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SANGAII DREW at 352 405-1945  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ \$30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section Division of Corporations  Street Address: Registration Section Division of Corporations
P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ame 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 Florida document number 417 000 20 45 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 , Florida

## 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 VELLE SIN 60 AVE	Type of Action
mGR	BANDAII DEEW	Address 4545 SW 60 AVE # 772481 CCALA, FL. 34477	_XAdd
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			□Add
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			□Remove
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	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If t	date, if other than the date of filing:
the record specord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Segènter 8 . 2020.
	Signature of a member or authorized representative of a member
	BONDAII DREW

Filing Fee: \$25.00

Typed or printed name of signee