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SECRETARY OF STATE

n ARUCE AUG 08 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Marvel Mailey 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:
Christopher J Mailey Name of Person
Marval Mailey UC
1) K F Bone Fix Cor. Address
Jupiter, F1 33477
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chris Mullay at (1/0) 430-4789 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\subset} \te

MAILING ADDRESS:

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

(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appear rability Company)	s on our records.)			
		,		ssigned	
The Articles of Organization for this Limited Liability Company	were filed on	1/20/2010	and a	ssignea	
Florida document number <u>L 180000 173.99</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company ho	ere:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the c	lesignation "LLC" or the abb	reviation "	1lC."	_
Enter new principal offices address, if applicable:			∑ v.	~~	
(Principal office address MUST BE A STREET ADDRESS)			[편	200	-
		<u> </u>	<u> 국립</u>	<u>_</u>	-
			SS €SS	<u>.</u>	r
The same of the same of applicables			— mo	~10	
Enter new mailing address, if applicable:				GE.	T.
(Mailing address MAY BE A POST OFFICE BOX)			- 2 元		÷.,,
				N	_
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address or <u>e</u> :	n our records, <u>enter</u>	<u>the</u> nam	e of the	<u>: ne</u>
Name of New Registered Agent:	<u> </u>	-			_
New Registered Office Address:	Post on Elli	orida street address			
	Emer ru	riaa sireer aaaress			
		Florida	Zin Chu		
	City		г ар Сос	I¢.	
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	-performance 0	capacity. I further agi f my duties, and I am f	ammar y	vun ana	h th

If Changing Registered Agent, Signature of New Registered Agent

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. Thereby confirm that the limited liability

company has been notified in writing of this change.

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 $AMBR = M$	Aanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			☐ Change
			Remove
			Change
			Remove
		 	☐ Change
			And Add Se
	•		The Remotive
			Change Control of the
			Emove .
			□ Change
			□ Remove
			□ Change

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Filing Fee: \$25.00