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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	of Status
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COVER LETTER

Division of Corporations
SUBJECT: Marroon Homes LLC Name of Limited Lieb:lity Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Winston Johnson Name of Person
Marroon Homes LLC Firm/Company
2020 NW GYTH AVE
City/State and Zip Code k 120021513 @ Cmail · Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Win.Ston Johnson at (934) 903 0187 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Marron Homes	LLC
(<u>Name of the Limite</u> (A	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ability Company were filed on 3/5/18 and assigned
Florida document number LIRUDUS SY	256
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
Maroon Homes LLC	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applica	ble: Winston Johnson
(Principal office address MUST BE A STREET	FADDRESS) 2020 NW byth AVE
	Sunrise FL 33313
Enter many madition address it could also	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u> </u>
	——————————————————————————————————————
B. If amending the registered agent and/o	r registered office address on our records, enter the name of the new
registered agent and/or the new registered offi	ice address here:
Name of New Registered Agent:	Winston Johnson
New Registered Office Address:	2020 NW 64th AVE
	Enter Florida street address
	Sunvise , Florida 33313
	City Zin 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

$\mathbf{AMBR} = \mathbf{A}$	Authorized Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
		· 	□ Add
			Remove
			Change
		•	
			Remove
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Signature of a member or authorized representative of a member				7-17						
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Filing Fee: \$25.00