118000120223

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COVER LETTER .

N	1arco Enterp	rises LLC		
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed A	Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please return al	ll correspond	ence concerning this matter t	to the following:	
		Joseph M Marcoe		
	Name of Person			
			Firm/Company	
		425 E 19th Street		
			Address	
		Panama City FL 32405		
			City/State and Zip Code	
		-		
		E-mail address: (t	to be used for future annual report notifi	cation)
For further info	ormation con	cerning this matter, please ca	alk:	
Joseph Marco	e		850 380-2902	
	Name of F	rerson	Area Code Daytime	Telephone Number
Enclosed is a c	check for the	following amount:		
□ \$25.00 Fil	ing Fee			☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Marco Enterprises LLC		
(<u>Name of the Limited Liability (</u> A Florida Lir	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L18000120223	npany were filed on 05/14/2018	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
Marcoe Enterprises LLC		
he 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:		THE T
Principal office address MUST BE A STREET ADDRES	<u> </u>	20 3
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		The state of the s
3. If amending the registered agent and/or register registered agent and/or the new registered office addres		nter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floric	
	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 Type of Action **Address Title** Name □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change

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Tective date, if other than than the an effective date is listed, the date in	e date of filing	g:06/26/2018	} - 		(optional)	
an effective date is listed, the date more: If the date inserted in this	ust be specific and block does not r	d cannot be prior meet the applic	r to date of filing of cable statutory f	r more than 90 day iling requiremen	s after filing.) Pu ts, this date wil	rsuant to 605.020° I not be listed as
ocument's effective date on the	Department of S	State's records				
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e record specifies a delay The 90th day after the re	ecord is filed.	jate, but no	ot an effectiv	e time, at 12	:01 a.m. on	the earner o
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Filing Fee: \$25.00