Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002444353)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

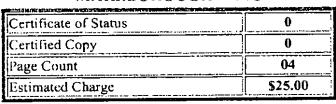
Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARLBOROUGH I LLC



K. SALY AUG 2 2 2018

Electronic Filing Menu Corporate Filing Menu

Help

3

## 12122023573 Fpon: Kimberly Laughr

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION : OF

Marlborough I LLC	
(Name of the Limited Liabi (A Florid	lty Company as it now appears on our records.) lu Lunited Liability Company)
The Articles of Organization for this Limited Liability C Florida document numberL18000155748	Company were filed on June 26, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD.	RESS)
	<del></del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:	stered office address on our records, <u>enter the name of the new</u> dress here:
New Registered Office Address:	
	Enter Florida street address
<del></del>	City Sip Code
New Registered Agent's Signature, if changing Registere	•
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is sed office address, I hereby confirm that the limited liability
,	If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to	o manage, <u>enter tl</u>	e title, name, and address	of each person being added
or removed from our records:			

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Keith Gloecki	601 Cleveland Street, Suite 850	D Add
		Clearwater, FL 33755	☐ Remove
			☐ Change
MGR	Keith Gloeckl	601 Cleveland Street, Suite 850	
		Clearwater, FL 33755	Remove
			Change
			🗆 Add
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tive date, if other than the ffective date is fixed, the date mu.  If the date inserted in this biment's effective date on the Decord specifies a delayer	n be specific an ook does not epartment of:	d cannot be prior meet the applic State's records. date, but no	shle stansiory fi	more than 90 days ling requirements	s, this date wil	I not be listed a
e 90th day after the rec	ord is filed					
August 20		2018	····			
Vist 1	2 le	1//				
	Signature of a	member or author	rived representat	ve of a member		<del></del>
Keith Gloecki						

Filing Fee: \$25.00