L18000163897

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Jan. 18

SECRETALY OF STATE

COVER LETTER

MARVELO SUBJECT:	OUS IDEAS LLC	· · · · · · · · · · · · · · · · · · ·	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RENEE FIGUEROA		
		Name of Person	
	MARVELOUS IDEAS LI	.C	
		Firm/Company	
	765 ELM ST		
		Address	
	SAFETY HARBOR, FL 3	4695	
	~	City/State and Zip Code	
	ideasofmarvel@gmail.com		
	E-mail address; (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	ill:	
RENEE FIGUEROA		at () 508-4271 Area Code Daytime	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS: ration Section	STREET/COURI Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 SEP 10 PM 4:59

MARVELOUS IDEAS LLC

The Articles of Organization for this Limited Liability Comparing Florida document number L18000163897	any were filed on JULY 6, 2018	and assigned
Tionda decament number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLO	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	18.8
		lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>ent:</u>	

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CARLOS FIGUEROA	765 ELM ST	
		SAFETY HARBOR, FL 34695	_
			□ Remove
			Change
			□ Remove
			☐ Change
			Remove
			Change
			
			Remove
			Change
			Remove
			Change
			Remove
			□ Change

	
	
(If an e <u>Note</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	SEPTEMBER 7 2018

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Typed or printed name of signee

Filing Fee: \$25.00