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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

	tion Section of Corporations		
CHDIECT.	Eric Marroquin LLC Name of Li	2	
SUBJEC1:	Name of Li	mited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are su	bmitted for filing.	
Please return all co	orrespondence concerning this matte	er to the following:	
		الان عرم Name of Person	
	Eric Mauroqui	Firm/Company	
	EM 5770 DOLOGO		enal Manor way
		City/State and Zip Code Otherwood Com (to be used for future annual report notifical	
For further inform	ation concerning this matter, please		223 APR 17
	Name of Person	at () Area Code Daytime T	elephone Number 17 07 7 00 00 00
Enclosed is a chec	k for the following amount:		
1 \$25.00 Filing	Fee S30.00 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)
_	ation Section n of Corporations	Street Address: Registration Section Division of Corporate Centre of Tal	rations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eire Marroquin uc		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our re Liability Company)	coras.)
The Articles of Organization for this Limited Liability Company Florida document number <u>(18000) 18/9/</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	were filed on	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3426 Imperial	Manor Way
(Principal office address MUST BE A STREET ADDRESS)	Mulberry, Horida	3384 O. J. B. T. B. T. J. B. T. B. T. J. B. T. B
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		5. 1. 02 F. JAH
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street ad	ddress
		, Florida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lance Mason	904 Eline St, Lakeland, Pl	& Add
		33801	□ Remove
			□Change
			□Add
			□Remove
			Change 202 Add
		•	PH Change
			ri ◇ □Add
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fective date, if other than the date of filing: 4-II - 23								_
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