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2022 AUG 29 AM II: 17 SECRETARY UF STATE TALLAHASSEE, FL

COVER LETTER

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Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: M	1ARCANC	& ASSOCIATES LLC			
30031.01.		Name of Lim	ited Liability Company		
The enclosed A	articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return al	ll correspor	ndence concerning this matter	to the following:		
		RONALD MARCANO			
			Name of Person		
		MARCANO & ASSOCIA	TES LLC		
			Firm/Company		
		7205 NW 19TH ST SUITE	303		
			Address		
		MIAMI FLORIDA 33126		SECI	2022 AUG 29
			City/State and Zip Code	138	A-US
		MARCANOASSOCIATES	_		29
For further info	ormation co	E-mail address: (oncerning this matter, please c	to be used for future annual report notification)		29 AHII: 17
		meering in a mater, prease e		무정 무정	= (
RONALD MA	· · · · - · - <u>- ·</u> · · · · ·		718 6629972 at ()	أنزا	17
	Name of	Person	Area Code Daytime Telephone N	umber	
Enclosed is a cl	heck for th	e following amount:			
□ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Cer	.00 Filing Fee rtificate of Sta rtified Copy ditional copy is e	itus &
	ng Address stration S		Street Address: Registration Section		
		orporations	Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARCANO & ASSOCIATES LL	.C				
(Name of the Lim	ited Liability Compa (A Florida Limited)	i <mark>ny as it now appears on our reco</mark> Liability Company)	ords.)		
he Articles of Organization for this Limited I lorida document number 419000011514	_iability Company	were filed on <u>L19000011514</u>	and assigned		
his amendment is submitted to amend the fol	lowing:				
If amending name, enter the new name of	of the limited liab	ility company here:			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "Ll	LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		7205 NW 19TH ST SUITE 3	303		
		MIAMI, FLORIDA 33126			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		7205 NW 19TH ST SUITE 3 MIAMI, FLORIDA 33126	303		
3. If amending the registered agent and/or gent and/or the new registered office addre			er the name of the new regist		
Name of New Registered Agent:		. OT OLUTE NO	73 = 0		
New Registered Office Address:	/205 NW 1911	1 ST SUITE 303 Enter Florida street addi	770 771 00		
	MIAMI		Florida 33126		
		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
CEO	RONALD MARCANO	7205 NW 19TH ST SUITE 303, MIAMI FL 33126	□Add
			□Remove
			= Change
			🗆 Add
			□ Change
			□Add
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Effective date	if other th	an the date :	of filing:	8/25/2022			(an	tional)		
If an effective dat Note: If the da	e is listed, the e	late must be spe	cific and can				an 90 days ati	er filing.) F		
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Filing Fee: \$25.00

Typed or printed name of signee