L19000087724

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JUL 0 1 2019 S. YOUNG

COVER LETTER

Name of Limited 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:			
	Alejandra Lopez				
		Name of Person			
	AES ACCOUNTING & C	ONSULTING LLC			
		Firm/Company			
6965 PIAZZA GRANDE AVE, SUITE 209					
	·	Address			
	ORLANDO, FL 32835				
	admin@aesaccounting.net	City/State and Zip Code			
	E-mail address: (to be used for future annual report notifi	cation)		
For further information of	concerning this matter, please c	ali:			
Alejandra Lopez		407 530-0958			
Name c	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)		

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability Co	mpany as it now appears on our record ted Liability Company)	<u>ls.</u>)
(A Florida Limi	ted Liability Company)	
he Articles of Organization for this Limited Liability Compa	any were filed on 03/29/2019	and assigned
lorida document number L19000087724		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited l	liability company here:	
MARLLEN HOMES LLC		
the new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbieviátion "L.L.C."
Enter new principal offices address, if applicable:		E T
Principal office address MUST BE A STREET ADDRESS	2	2 F
		G. W
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered		s, enter the name of the
egistered agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	53
	, FI	orida
	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 adde or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			Remove
			Change
			□ Add
			Remove
			☐ Change
			
		 	□ Remove
			Change
			D Add
			☐ Remove
			□ Change
			Remove
			☐ Change

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Note: If the date inserted in t	the date of filing:
f the record specifies a de b) The 90th day after the	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e record is filed.
Dated June 10	2019
	Marco Cya Jugusto Dabon
	Signature of a member or authorized representative of a member
MARCOS CESAI	R AUGUSTO DAL BOM
MARCOS CESAI	R AUGUSTO DAL BOM Typed or printed name of signee

`D.

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Filing Fee: \$25.00