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Amend

COVER LETTER

Division of Corp					
01 to 117 000	CISAKSEN LLC				
SOBJEX, I.	Name of Lin	nited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	JAMIE B GREUSEL				
		Name of Person			
	LAW OFFICE OF JAMIE	B GREUSEL			
Firm/Company 1104 N. COLLIER BLVD.					
	MARCO ISLAND, FL 3	Address 4145			
		City/State and Zip Code			
	E-mail address: (to be used for future annual report notific	ation)		٠,
For further information ec	oncerning this matter, please co	all:			·
JAMIE B GREUSEL		239 394-8111 at ()		- Pr 4995	
Name of	Person		Felephone Number	- 4: 30	: 1
Enclosed is a check for th	e following amount:			5,	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of \$ Certified Copy (additional copy is	tatus &	

MAILING ADDRESS:

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

MARC ISAKSEN LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on MARCH 27, 2019	and assigned
Florida document number 1.19000087789	<u>-</u> :	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
		Zin.
		승 영류
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		S 245
<u> </u>		교 기위로
		= 27.4
B. If amending the registered agent and/or registe	ered office address on our records, enter	the name of the n
registered agent and/or the new registered office addr		;. ?
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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	NICOLE ISAKSEN	1586 SERRANO CIRCLE	
		NAPLES, FL 34105	
		7777	XIXI Remove
	NATHAN ISAKSEN	1586 SERRANO CIRCLE	☐ Change
AMBR		1560 SERRANO CINCLE	XIXI Add
		NAPLES, FL 34105	
			☐ Remove
			Change
			Add
			Remove
			
			Change
			Remove
			Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change

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an effect ote: If	the date inserted in this bl	st be specific and cannot be prior to dat	(optional) e of filing or more than 90 days after filing.) Pursuant to 605 statutory filing requirements, this date will not be listed	.0207 (3) ed as the
recor The 90	rd specifies a delayed Oth day after the rec	d effective date, but not an ord is filed.	effective time, at 12:01 a.m. on the earlie	er of:
ated	10/23	2019		
	1			
		Nh	representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00