## L1900009320L

(Requestor's Name)
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(Business Entity Name)
(Document Number)
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2020 NOY -2 PH 12: 17



## , COVER LETTER

TO:

Registration Section Division of Corporations

	DVENTURES LLC	1	•	
SUBJECT:	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:		
	Gilad Gavlovski			
	<del></del>	Name of Person		
	GADOL ADVENTURES	LLC		
	·	Firm/Company		
	1030 Waterside Lane			
		Address		
	Hollywood/FL, 33019.			
		City/State and Zip Code		
	giladgav@gmail.com			
	E-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	alł:		
Gilad Gavlovski		786 5464200		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fce	☐ \$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 Addres		<u>Street Address:</u> Registration Se	ection	
Registration Section Division of Corporations		Division of Co		
P.O. Box 632	7	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GADOL ADVENTURES LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on or Liability Company)	ur records.)	
The Articles of Organization for this Limited L	iability Company	were filed on 04-12-20	19	_ and assigned
Florida document number 83-4392497	·			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
Marcopolo AI LLC				
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designat	ion "LLC" or the abbro	viation "L.L.C."
Enter new principal offices address, if applic	1030 Waterside Lane.	Hollywood, FL. 330		
Principal office address MUST BE A STREET ADDRESS)		<del></del>		2020 KDY
Enter new mailing address, if applicable:		1030 Waterside Lane.	Hollywood, FL. 330	19
(Mailing address MAY BE A POST OFFICE BOX)				PH 12:
				<u> </u>
				<b>-</b>
B. If amending the registered agent and/or a agent and/or the new registered office addre	ss here:		s, <u>enter the name (</u>	of the new registere
Name of New Registered Agent:	Gilad Gavlovsk	il 		
New Registered Office Address:	1030 Waterside			
		Enter Florida stre		
	Hollywood		, Florida 33019	)
		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
			□Add
			□Remove
			□Add
			□Remove
			□Change 220
			□Change 2020 NOV - 2
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			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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	2020 NOY	<u>Y</u>
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	PX	<u>.</u>
· Ami	12: 1	***************************************
<del></del>	7	
E. Effective date, if other than the date of filing:	.0207 (3)(led as the	b)
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after record is filed.	the	
Dated 10/26/2020.		
Signature of a member or authorized representative of a member		
Gilad Gavlovski Typed or printed name of signee		

Filing Fee: \$25.00