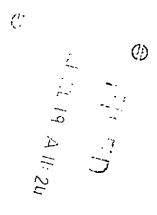
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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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COVER LETTER

TO:

TO: Registration Division of C					
	LINA'S LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
	spondence concerning this matter				
	Elbia E Salamanca				
		Name of Person			
	MARCELINA'S LLC				
		Firm/Company			
	8810 Sw Hwy 200, Unit 1	15			
		Address			
	Ocala, Fl 34481				
		City/State and Zip Code			
	Justinlendis@icloud.com E-mail address:	to be used for future annual report noti	fication)		
For further information	n concerning this matter, please c	_	21 V		CD
Elbia E Salamanca		954 9189901 at ()		<u> </u>	~ .
Name of Person			e Telephone Number		- .
				<i>≥</i>	ł
Enclosed is a check fo	r the following amount:			=	フ
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
P.O. Box 6	n Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee c Street, Suite 81	0	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARCELINA'S LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp	oany were filed on 05/01/2019	an	d assigned
Florida document number 1.19000119020			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited l	Liability Company," the designation "LLC" or the	abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>		
			_
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off igent and/or the new registered office address here:	īce address on our records, <u>enter the 'na</u> i	me of the	new regist
gent and/or the new registered office address here.		- .	(D
Name of New Registered Agent:			• ;
New Registered Office Address:		19	
	Enter Florida street address	<i>></i>	***
		=======================================	フ
	City	Zip C	ode

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 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>Name</u>	Address	Type of Action
Lendis M Salamanca	4750 Sw 116th Pl	
	Ocala, F1 34476	≣Remove
		Change
		
		□Remove
		□Change
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		Change
		□Remove
		□Change
		
		□Remove
		Lendis M Salamanca 4750 Sw 116th Pl

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (1) 07/13/2021 E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 the record is filed. Dated 07/13/2021 Signature of a member or authorized representative of a member Elbia E Salamanca

Typed or printed name of signce