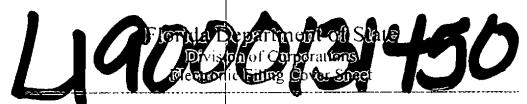
Division of Corporations



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Division of Corporations

Fax Number : (850) 617-6383

From:

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Account Number : 120010000062 : (323) 962-8600 Phone

Fax Number

: (323)962-3889

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MARMARON LLC Certificate of Status Certified Copy 1

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COVER LETTER

		istration Sec islon of Corp		
0.00	*****	MARMAR		
SUBJEC	U1:		Name of Limit	ed Liability Company
The encl	losed	Anicles of A	Amendment and fee(s) are subm	nitted for filing.
Please re	turn	ali correspor	ndence concerning this matter to	o the following:
			Cheyenne Moselcy	
			Legalzoom.com, Inc.	Name of Person
				Firm/Company
			101 N. Brand Blvd., 11th	
				Address
			Glendale, CA 91203	
			flaviosolano (995@gmail.c	City/State and Zip Code Corn
			E-mail address: (to	be used for future annual report notification)
For furth	ier ir	iforniation co	incerning this matter, please cal	ıt:
Cheyenne Moseley				800 773-0888 ext. 9724
		Name of	Person	Area Code Daytime Telephone Number
Enclosed	d is a	check for the	e following amount:	
☐ \$25.	0 0 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
		Registra Division P.O. Bo	NG ADDRESS: tion Section to of Corporations tx 6327 ssee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To: Page 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MARMARON LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L19000131450	npany were filed on <u>05/15/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	77. 15
Marmaros LLC		
The new name must be distinguishable and end with the words "Umit	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	SS	199 3 O
		00 05 00 05
Enter new mailing address, if applicable:		•
(Mailing uddress MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		enter the name of the
Name of New Registered Agent:	SS HETC.	
	Enter Florida street uddress	
Name of New Registered Agent:	Enter Florida street uddress	
Name of New Registered Agent:		daZip Code

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

	outhorized Member		
<u>Title</u>	Name	Address	Type of Action
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Page 3 of 3

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AND ASSESSMENT OF STATE