Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086

Phone

: (916)576-7000

Fax Number

: (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

RI,OPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAVRIEL INVESTMENTS LLC

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Corporate Filing Menu

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FEB 2 0 2020

To: 18506176383 From: 19165767051 Date: 02/19/20 Time: 10:26 AM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mayriel Investments LLC				
(Name of the Limited Li (A Fl	ubility Company as it now appears on our orida Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability	ty Company were filed on 10/24/2019		and assigned	
Florida document number 1.19000267227				
This amendment is submitted to amend the following	3:			
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 Liability Company," the designation	1 "LLC" or the abbrevi	ation "L.L.C."	
Enter new principal offices address, if applicable:	1			
(Principal office address MUST BE A STREET AD	DRESS)		21/2	_
	•			
		:	: EE	1 *-**
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	<u> </u>	_:
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	· <u>፲</u> ፱	_ : `:
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B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on our realdress here:	cords, enter the	name of the	new
Name of New Registered Agent:				_
New Registered Office Address:				
	Enter Florida street address			
				_
	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

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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

Title	<u>Name</u>	Address	Type of Action
AMBR	Maten Akman	3800 SE S8TH AVENUE	D Add
		OCALA, FL 34480	
		***************************************	⊠ Remove
			□ Change
			Add
			☐ Rcmove
			O Change
			□ Add
			□ Remove
			□ Change
			Ddd
			☐ Remove
			Change
			Add
			□ Rcmove
			Change
			
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing:

(Plan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuent to 505,0207 (3Xb)

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 e.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _	February	7	2020	
			,.(K	
		-	Signature of a prember grantinrized representative of a member	
	Llaim Allman			
			Typed or printed name of signee	

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Filing Fee: \$25.00