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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GULATI LAW Account Number : I20130000014 Phone : (407)900-5054 Fax Number : (407)517-4931

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

Email Address:\_

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGNS

## MAR PARTNERS, LLC

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#### To: DIVISION OF COR. Page 2 of 5

#### **COVER LETTER**

| TO: 🚁 Registratio<br>Division of | n Section<br>Corporations  |                               |  |
|----------------------------------|--|-------------------------------|--|
| MAR I<br>SUBJECT:                | ARTNERS, LLC   | •                             |  |
|                                  | Name o   | f Limited Liability Company   | Y  |
| The enclosed Article             | s of Amendment and fee(s) are  | e submitted for filing        |  |
| lease return all com             | espondence concerning this ma  | atter to the following:       |  |
|                                  | Sarah Gulati   |                               |  |
|                                  | ,  | Name of Persor                |  |
|                                  | Gulati Law, P.L.   |                               |  |
|                                  | The state of the s | FirmCompany                   | Annual Control of the Stranger |
|                                  | 479 Montgomery Plac  | ·                             |  |
|                                  |  | Address                       |  |
|                                  | Altamonte Springs, FL  | . 32714                       |  |
|                                  |  | City/State and Zip C          | ede  |
|                                  | Office@gulatilaw.com   |                               |  |
|                                  | E-mail addre   | ss: (to be used for future an | nual report notification)  |
| or further informatio            | on concerning this matter, plea  | se call:                      |  |
| iarah Gulari                     |  | 407                           | 900-5054   |
| Nan                              | ne of Person   | Area Code                     | Daytime Telephone Number   |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Ft. 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF .

| Managida Lat   |   |  |                            |  |
|--|---|--|----------------------------|--|
| Councille the Olini  | (A Florida Limited  | any as it now appears<br>Liability Company)                    | on our records.)           |  |
| The Articles of Organization for this Limited L. Florida document number £19000277849  | iability Company  | were filed on 11/0   | 7/2019                     | and assigned   |
|  |   |  |                            |  |
| This amendment is submitted to amend the foll  | owing:  |  |                            |  |
| A. If amending name, enter the new name of   | f the limited liab  | ility company her  | 2:                         |  |
| The new name must be distinguishable and comain the w  | onds "Limited Liabi   | hty Company," the desi   | ignation "LLC" or the al   | obreviation "L.L.C."                                 |
| Enter new principal offices address, if applic   |   | 479 Montgomery   | Piace                      |  |
| (Principal office address MUST BE A STREE  |   | Altamonte Springs  | c FL 32714                 |  |
|  |   |  |                            |  |
|  |   |  |                            |  |
| Enter new mailing address, if applicable:  |   | 479 Montgomery I   | Place,                     |  |
| (Mailing address MAY BE A POST OFFICE  | <u>ΒΟΧ)</u>   | Altamonte Springs  | FT 32714                   |  |
|  |   |  |                            |  |
| B. If amending the registered agent and/or reagent and/or the new registered office address  | egistered office a<br>s bere:   | ddress on our reco   | ords, <u>enter the nam</u> | e of the new registered                              |
| Name of New Registered Agent:  | Gulati Law, P.L   |  | 3 36                       |  |
| New Registered Office Address:   | 479 Montgomer   | y Place  |                            |  |
| - Anna Anna Anna Anna Anna Anna Anna Ann   |   | Enter Florida  | street address             |  |
|  | Altamonte Sprie   |  |                            |  |
|  |   | City   | , Florida <u>327</u>       | Zip Code   |
| New Registered Agent's Signature, if changing R  | egistered Agent;  |  | Ξcs                        | : <b>^&gt;</b>                                       |
| I hereby accept the appainment as registered provisions of all statutes relative to the prope accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c | r and complete part as placed agent as placed agent as placed aggistered office a change. | performance of my<br>rovided for in Cha<br>address, I hereby o | duties, and Fan fa         | nn Mar with End  f this document is  in it liability |

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| AMBR = A   | uthorized Member   |  | •              |
|--|--|--|----------------|
| <u>Title</u>   | <u>Name</u>  | Address                                | Type of Action |
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| D. If amen                    | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
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| Note: II                      | date, if other than the date of filing:   |
| the record's<br>cord is filed | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the  |
| Dated <u>1</u>                | A second |
|                               | Signature of a member or authorized representative of a member  |
|                               | Emin Ablyatipov   |
|                               | Typed or printed name of signer   |