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SEP 11 2020

S. YOUNG

### **COVER LETTER**

TO:

SUBJECT: 17/A	Name of Limited Liability Company  Dosed Articles of Amendment and fee(s) are submitted for filing.  Samarka Foss Name of Person  Firm/Company  US70 F Deer Lave Dr. Papty 106 Address  Jac Ksonville FL 32246  City/State and Zip Code  Samark 10 yahac. On E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call:  Area Code  Name of Person  at (352)  Area Code  Daytime Telephone Number  The Solution of Status Certificate of Status & Certificate Of			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	Samant	1G FoSS Name of Person		
		Firm/Company		
	4870 E De	er Lalle Dr. 17pt	4106	
	Jacksonvil	1e FL 32246 City/State and Zip Code		
	Sammifle E-mail address:	yahoo, Win to boused for future annual report notifi	cation)	
For further information co	oncerning this matter, please ca	all:		
Samon the	Person	at (352) 514 - Area Code Daytime	- O W Y 1 Telephone Number	
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
Mailing Address: Registration Section		Registration Section		
	-	•		
Tallahassee, F			Street, Suite 810	

Tallahassee, FL 32303

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

_ Marerick Cloth	ing and Home LLC
(Name of the Limited Liability C	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on November (3) 10 land assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	I liability company here:
The new name must be distinguishable and contain the words "Limited	that and Advertising LLC  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 ADDRES	<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 of agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	P. Fl. W. H.
	Enter Florida street address
	, Florida
	City Zip Coae

#### 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
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			□Remove
		<del></del>	□Change
	<del></del>		□Add
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n effective date	e is listed, the date mu	ist be specific and	cannot be prior to			90 days after filing.) Prements, this date wi	
	ective date on the I			ne statutory titing	, requi	rements, this date wi	n not be noted at
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