## 12000003406Z

(Requestor's Name)	
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## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
SUBJECT: MARC CL	EANING SVC LLC	nited Liability Company	
	Name of Lin	itted Liability Company	
The enclosed Articles of	Amendment and feets) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JEAN JOSEPH		
		Name of Person	
	MARC CLEANING SVC		
		Firm/Company	
	4142 MARINER VLVD =	Address	<del></del>
		Addless	
	SPRING HILL FL 34609		
		City/State and Zip Code	
	E-nuil address: (	to be used for fitture annual report no	tification)
For further information c	oncerning this matter, please c	all:	
JEAN MARC JOSEPH		at ( <u>813</u> ) 406-1922	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Solution of Co	
P.O. Box 632	7	The Centre of	-
Tallahassee. F	EL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARC CLEANING SVC LLC (Name of the Limited Liability Comp	pany as it now appears on our records.) Liability Company)	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on <u>01/28/2020</u>	and assigned
lorida document number <u>L20000034062</u>		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
BLACKLINE CAPITAL LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:	4142 MARINER BLVD #133	
Principal office address MUST BE A STREET ADDRESS)	SPRING HILL, FL 34609	
		760
nter new mailing address, if applicable:	-	- 1
Mailing address MAY BE A POST OFFICE BOX)		الت رت
		2 ==
. If amending the registered agent and/or registered office	address on our records, enter the no	
ent and/or the new registered office address here:	the same of the sa	%
		Ψ
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	• ·	
	On: Florida _	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 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
AMBR	JOSEPH PIERROT	5174 millenia blvd apt207	□Add
		orlando fl. FL 32839	■Remove
			□Change
		<u></u>	□Add
			□Remove
			[]Change
			□Add
			Remove
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			□Remove
			□Change

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