## L200000 36465

| - <u>(D.</u>            |                    |           |
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| (17.6                   | equestor's Name)   |           |
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| PICK-UP                 | TIAW               | MAIL      |
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| (B)                     | usiness Entity Nar | ne)       |
| , c.                    | John Coo Emmy (10) | ,         |
|                         | A NI In N          |           |
| (De                     | ocument Number)    |           |
|                         |                    |           |
| Certified Copies        | Certificates       | of Status |
|                         |                    |           |
| Special Instructions to | Filing Officer:    |           |
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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

| Div            | ision of Cor                | porations                                    |  |  |
|----------------|-----------------------------|--|--|--|
| erm meæ        | Marjovi Ll.                 | .c   | ,  |  |
| SUBJECT:       | -                           | Name of Lim                                  | nited Liability Company  |  |
| The enclosed   | d Articles of               | Amendment and fec(s) are sub                 | mitted for filing.   |  |
| Please return  | all correspo                | ondence concerning this matter               | to the following:  |  |
|                |                             | Martha Lilia Pena De Zam                     | ora  |  |
|                |                             | •  | Name of Person   |  |
|                |                             | Marjovi LLC                                  |  |  |
|                |                             |  | Firn/Company   | · · · · · · · · · · · · · · · · · · ·  |
|                |                             | 138 Chaucer Ave                              |  |  |
|                |                             |  | Address  | ·  |
|                |                             | Davenport, FL 33896                          |  |  |
|                |                             |  | City/State and Zip Code  |  |
|                |                             | marthazamora56@yahoo.co                      |  |  |
|                |                             | E-mail address: (                            | to be used for future annual repo  | ort notification)  |
| For further in | nformation c                | oncerning this matter, please c              | all:   |  |
| Martha Lilia   | i Pena De Za                | mora   | 201 213-91<br>at ( )   | 20   |
|                | Name o                      | f Person                                     |  | Daytime Telephone Number   |
| Enclosed is a  | a check for th              | ne following amount:                         |  |  |
| ■ \$25.00 B    | filing Fee                  | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                | iling Addres                | <del></del>                                  | Street Addre   |  |
|                | gistration S<br>vision of C | Section<br>orporations                       | Registratio  | n Section<br>f Corporations  |
|                | ). Box 632                  |  |  | e of Tallahassee   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

| Marjovi LLC  |  |                              |
|--|--|------------------------------|
| ( <u>Name of the Limited Li</u><br>(AF   | iability Company as it now appears on our records.)<br>lorida Limited Liability Company) |                              |
| The Articles of Organization for this Limited Liabili Florida document number L20000036465             | ity Company were filed on January 30, 2020   | and assigned                 |
| This amendment is submitted to amend the followin  | ıg:  |                              |
| 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 "LLC" o                                     | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable   | :  |                              |
| (Principal office address MUST BE A STREET A   | DDRESS)  | AR Z3                        |
| Enter new mailing address, if applicable:  |  |                              |
| (Mailing address MAY BE A POST OFFICE BOX  | <u> </u>   | , <u>π</u> ω                 |
| B. If amending the registered agent and/or regist<br>agent and/or the new registered office address he |  | e name of the new regis      |
| Name of New Registered Agent:  |  |                              |
|  |  |                              |
| New Registered Office Address:   | Enter Florida street address   |                              |
| New Registered Office Address:   | Enter Florida street address<br>, Flori  | daZin Code                   |

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 |
|--------------|-----------------------------|---------------------|----------------|
| AMBR         | Martha Lilia Pena De Zamora | 138 Chaucer Ave     |                |
|              |                             | Davenport, FL 33896 |                |
|              |                             | <del></del>         | EChange        |
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| etive date, if other than the date of filing:  [(optional)]  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603.62. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister inserts of the date on the Department of State's records.  ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed. |   |   |
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|   | ·   | •   |
| A4  | . 30  | 2020  |
| March 20 2020   | 1 20  |   |
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| Hartha Pilia Pana de Zamora Signature of a member or authorized representative of a member  | Tallx                                       | a member of authorized empowerfative of a member  |
| Signature of a member of authorized representative of a member  | Signature of                                | a member of authorized representative of a member   |
| Martha Lilia Pena De Zamora   | artha Lilia Pena De Zamora                  |   |