LZO 000038779

(Re	questor's Name)	
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COVER LETTER

	gistration Se vision of Cor				
SUBJECT:		oldings LLC			
Name of Limited Liability Company					
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		Daniel Marzoa			
			Name of Person		
		Marzoa Holdings LLC			
			Firm/Company		
		4262 SW 73rd AVE			
			Address		
		Mlami, FL. 33155			
			City/State and Zip Code		
		kmc906@gmail.com E-mail address: (to be used for future annual report not	ification)	
For further i	nformation c	oncerning this matter, please ea	all:		
Daniel Mar	zoa		305 401-9125		
	Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahaanaa El 22214

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Ctreet Cuite 210

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marzoa Holdings LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	ds.)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L20000038779</u>	ny were filed on 02/03/2020	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company here:		
The new name must be distinguishable and contain the words "Limited Lie	ability 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 ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, F	lorida	
	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 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
Presiden	Daniel Marzoa	4262 SW 73rd AVE Miami, FL. 33155	િ <u>ન</u> િ∧dd
			□Remove
			□Change
			□Add
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			□Change
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tive date, if other tha	n the date of filing: _ate must be specific and car		-	(optional)	

Signature of a member or authorized representative of a member

record is filed.

Dated ____