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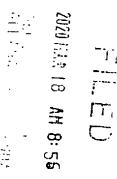
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:	Name of Lim	ST 1994 CC C.	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	DRCÍ	OT FUETCHER Name of Person	
	MARLO FO	Firm/Company	<u>C</u>
	<u>3024 E.S.</u>	IGLATURE DATUE U Address	<u>ET 909</u>
	DAIGE F	C: 333/4 City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
For further information	n concerning this matter, please c	all:	
Nam	e of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r the following amount:		
歐Ź5.00 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)
P.O. Box 6	n Section Corporations	Street Address: Registration Set Division of Contre of The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARCU FIRT	CH EST 1999 CCC
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L. 2000039585</u>	Company were filed on <u>FIEB 3 RB 2020</u> and assigned
This amendment is submitted to amend the following:	
Ţ.	
A. If amending name, enter the new name of the limi	ited Hability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADDR	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
P. If amonding the registered agent and/or registered	) , , , , ,
agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	`\
New Registered Office Address:  Enter Florida street addr	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered	d Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ed office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered agent a provisions of all statutes relative to the proper and conforming the obligations of my position as registered agent a provision as filed to merely reflect a change in the registered agent and	Enter Florida street address  City  Agent:  and agree to act in this capacity. I further agree to comply with complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document and office address, I hereby confirm that the limited liability

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DELPOY FLATCHER	3024 E. STGMATURE DRIVE	ŪAdd
		UNIT 909	□Remove
		DAVIE, F-C 33314	□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
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cum	ent's effective	date on the Depa	rtment of State	s's records.			•		
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Filing Fee: \$25.00