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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Consideration of the Office |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Sect Division of Corpo | | | | | |
|---|--|---|--|--|--|
| SUBJECT: <u>Fe</u> | NMAT HEATIN Name of Lim | g 2 Coo Ling Lited Liability Company | LC. | | |
| The enclosed Articles of A | mendment and fee(s) are sub- | mitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| | Domingo è | TANYA MART | inez_ | | |
| | | Firm/Company | | | |
| | 4618 SW. | County Road 18 | r A | | |
| | | City/State and Zip Code 2043 @ C mail. Co to be used for litture annual report notific | | | |
| For further information con | cerning this matter, please ca | | • | | |
| Domines Mame of F | <u>MARTINEZ</u> | at (<u>352) 681-6</u> Area Code Daytime | 7 6 9 Telephone Number | | |
| Enclosed is a check for the | 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: | | Street Address: | | | |

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Fennar Heating & C (Name of the Limited Liability Compa (A Florida Limited I | iny as it now appears on our records.) Liability Company) | |
|---|---|-------------------------|
| The Articles of Organization for this Limited Liability Company | were filed on Feb 17, 202 | . O and assigned |
| Florida document number L 2000053480 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company herę: | |
| MARLEE ENTERPRISES L The new name must be distinguishable and contain the words "Limited Liabil | LC. lity Company," the designation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | 4618 SW. COUNTY | Rd. 18A |
| (Principal office address MUST BE A STREET ADDRESS) | 4618 SW. COUNTY LAKE butler, Flor | ida |
| | | 32054 |
| 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: | address on our records, <u>enter the nam</u> | e of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | -5 |
| | Enter Florida street address | <u>ښ</u> |
| | , Florida | |
| | 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorizes Person, stauthorized to manage, enter the time, name, and address of each necessariant necessarian or removed from our records:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
| | | <u></u> | |
| | | | □Remove |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--|
| Limited Ciability Company will no longer Be |
| For A/c REPAIR OF MAINTENANCE Will NOW be |
| used For the purpose of Selling goods. |
| examples: Electronics, FURNITURES, BriCK BrACKS, ETC. |
| will Apply for A Florida TAXLICENSE. |
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| E. Effective date, if other than the date of filing: (If an 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. |
| Dated 9 2 2 Signature of a member or authorized representative of a member |
| Doming MARTINEZ Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00