(Requestor's Name)	
(Address)	100345648
(Address)	1000-100-10
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	06/04/2001013
(Business Entity Name)	
(Document Number)	<u>;</u>
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COVER LETTER

ro:	Registration Sec Division of Corp		
7 T T T T T T T T		MANDZ LLC	
SUBJE		Name of Limited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are submitted for filing.	
Please re	etum all correspoi	ndence concerning this matter to the following:	
		Gerson Hernandez	
		Name of Person	
		General Corporate Services Inc.	
		Firm/Company	
		829 W, Palmdale Blvd #68	
		Address	
		Palmdale CA 93551	
		City/State and Zip Code	
		gerson@generalcorporate.com	
		E-mail address: (to be used for future annual report notification)	
For furtl	her information co	oncerning this matter, please call:	
Gerson	Hernandez	661 310 2823	
	Name of	at (
Enclose	d is a check for th	he following amount:	
□ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Gentificate of Status Certified Copy (additional copy is enclosed)	

TO:

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

Street Address: 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

MARZ DEMANDZ LLC

(Name of the Limited (A	Liability Company as it now appears on our re Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liabs Florida document number L20000113771	ility Company were filed on (14/27/2020)	and assigned.
Florida document number		EX.
This amendment is submitted to amend the following	ing:	رخ رخ
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		
THIRD HANDS MAIL BE AT OUT OF THE BO		
B. If amending the registered agent and/or registered and/or the new registered office address have of New Registered Agent:		iter the name of the new registered
• •		
New Registered Office Address:	Enter Florida street ac	ldress
		. Florida
-	City	, Florida
New Registered Agent's Signature, if changing Reg	dstered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete performance of my duties tred agent as provided for in Chapter 6 gistered office address, I hereby confirm	s, and I am familiar with and 05, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
MBR	MARCKSON SAINT FLEUR	1230 NORTHEAST 143RD STREET	□Adđ
		MIAMI, FL 33161	□Remove
			Change
			🖸 Add
			□Remove
			□ Change
			□Add
			□Remove
		□ Change	
			□Add
			□Remove
			□ Change
			□ Add
			Remove
			□Change
			□ Add
			Remove
			□Change

D. If amending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
	
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Note: If the date inserted in the	te must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 his block does not meet the applicable statutory filing requirements, this date will not be listed a the Department of State's records.
If the record specifies a delayed effectord is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated June 3	. 2020
in~	
1	Signature of a member or authorized representative of a member
Bob Lambert - Au	
	Typed or printed name of signee

Filing Fee: \$25.00