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### **COVER LETTER**

Division of	on Section Corporations		
. THE N	MARLEX GROUP LLC		•
30b3EC1.	Name of Lin	nited Liability Company	<del></del>
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	CARLOS CASTRO		
	<del></del>	Name of Person	<del></del>
	THE MARLEX GROUP I	LLC	
	<del> </del>	Firm/Company	
	354 SHETLAND DRIVE		
		Address	
	SAINT JOHNS FL 32259		
	CARLOCCACTROIRGO	City/State and Zip Code	<del></del>
	CARLOSCASTROJR@OU E-mail address: (	to be used for future annual report notif	ication)
For further informat	ion concerning this matter, please c	all:	
CARLOS CASTRO	1	904 601-5604 at ( )	
Na	ame of Person		: Telephone Number
Enclosed is a check	for the following amount:		
<b>■</b> \$25.00 Filing Fe	ce S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ac</u> Registrati	Idress: on Section	<u>Street Address:</u> Registration Sec	tion

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

Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JULY - 9 PH 7: 00 THE MARLEX GROUP LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/27/2020 and assigned Florida document number L20000143486 This amendment is submitted to amend the following: 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 "L.L.C." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_\_\_, Florida \_\_\_\_

### 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.

City

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>	Name	<u>Address</u> 2020 JUN - 9 PH 7: 0	O Type of Action
MGR	ELITA CASTRO	1820 State Road 13	<b>≡</b> ∧dd
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		Saint Johns, FL 32259	□Change
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