L20000 212852

(Reque	stor's Name)	
(Addres	ss)	
(Addre	35)	
_		
(City/Si	ate/Zip/Phone #	7)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)
(Docun	nent Number)	
Certified Copies	Certificates of	f Status
Special Instructions to Filir	ng Officer:	
		_





500349320665

08/10/20 -01042 -002 •+60.00

SEP 2 9 2020

S. YOUNG

.920 AUS 10 PM 5: LE

COVER LETTER

Division of Cor	porations	-	•	
MARCO10	00 LLC '			
ODDIEC. 1.	Name of Lin	nited Liability Company		
The second and building the	A 1 1 &			
	Amendment and fee(s) are sub	•		
Please return all correspo	ondence concerning this matter	to the following:		
	Ariel Yisraelian			
	·	Name of Person		
	MARCO100 LLC			
	 	Firm/Company		
	84 w 21 st			
	 	Address		·
	Riviera Beach, Fl. 33404			
		City/State and Zip C	ode	
	ariely2000@gmail.com			
For further information c	E-mail address: (oncerning this matter, please c	to be used for future and	nual report notif	ication)
Ariel Yisraelian		561	962-1033	
Name o	f Person	at () Area Code	Daytime	Telephone Number
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing I Certified Cop (additional copy i	у	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S			t Address: istration Sec	tion
Division of C		Division of Corporations		
P.O. Box 632	.7		Centre of T	
Tallahassee,	FL 32314	241:	5 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARCO100 LLC		TILE TO TO
(Name of the Limited Liability	Company as it now appears on our records.) imited Liability Company)	The state of the s
The Articles of Organization for this Limited Liability Co Florida document number <u>L20000212852</u>	mpany were filed on <u>07/21/2020</u>	and assigned
This amendment is submitted to amend the following:		- C
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)	
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;	office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	ia
	Chy	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 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>	Type of Action
MGR	YISRAELIAN, ARIEL	84 W 21 ST	□ Ad d
		RIVIERA BEACH, FL 33404	
		KEEP	
MGR	STENDEL, MAURO	1900 SW 23RD TERRACE, #3	
-		MIAMI, FL 33145	
			□Change
			□Add
			□Remove
			□Change
			□Remove
		-	□Change
			□Remove
			☐ Change
	171 2		□Add
			□Remove
			[]Change

Page 2 of 3

		 -			 		
_				·	·		<u>-</u>
							
_							
_							
•							
_				<u></u>			
				.			
_		. 					
						. = :	
•••							
				···			
							
_							
Effectiv	ve date, if other to	han the date of	filing:	08/01/2020		(optional)	
fan effe Note: I	ctive date is listed, the f the date inserted i	: date must be specif in this block does	fic and cannot be p	rior to date of filing on blicable statutory fi	r more than 90 day	s after filing.) Pursua ts. this date will no	nt to 605.0207 i
		on the Departmen	it of State's reco	rds.	g /et emen	,	i be nated na
docume	nt's effective date						
docume	nt's effective date						
docume ne reco	ord specifies a o	delayed effect	ive date, but	not an effectiv	e time, at 12	:01 a.m. on the	e earlier of
docume ne reco		delayed effect the record is fi	ive date, but îled.	not an effectiv	e time, at 12	:01 a.m. on the	e earlier of
docume ne reco The S	ord specifies a c 90th day after I	delayed effect the record is f	ive date, but iled. 2920	not an effectiv	e time, at 12	:01 a.m. on the	e earlier of
docume ne reco	ord specifies a c 90th day after I	delayed effect the record is f	îled.	not an effectiv	e time, at 12	:01 a.m. on the	e earlier of
docume ne reco The S	ord specifies a c 90th day after I	delayed effect the record is f	îled.	not an effectiv	e time, at 12	:01 a.m. on the	e earlier of
docume ne reco The S	ord specifies a c 90th day after I	the record is fi	iled.	not an effectiv		:01 a.m. on the	e earlier of

Page 3 of 3

Filing Fee: \$25.00