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COVER LETTER

	on of Corpe			
	1RF LLC		•	
SUBJECT: _		Name of Limite	ed Liability Company	
The enclosed /	Articles of A	mendment and tee(s) are subm	nitted for filing.	
		dence concerning this matter to		
		MARIANGELICA DEAN		
			Name of Person	-
			Firm/Company	<u></u>
		5518 22ND AVE NORTH		
		ST PETERSBURG, FL 331	Address 710	
			City/State and Zip Code	
		jmdean@gmail.com		
		E-mail address: (t	o be used for future annual report no	otification)
For further in	formation co	oncerning this matter, please cr	ill:	
MARIANGE	LICA DEA	N'	951 348-5077 at ()	
	Name of	Person	Area Code Dayt	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	[] \$30.00 Filing Fee & Certificate of Status	U \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
	iling Addres		Street Address: Registration	
Div	zision of C	Corporations	Division of C	
). Box 632 Ilahassee,			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MRF LLC		
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.)	
The Articles of Organization for this Limited Liability Company were file Florida document number 1.20000332566	ed on OCTOBER 20, 2020 and assigne	d
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	npany here:	
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
Principal office uddress MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	2020 NOY 25 T	
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	on our records, <u>enter the name of the new re</u>	<u>gist</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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 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>	Address	Type of Action
AMBR	MARIANGELICA DEAN	5518 22ND AVE NORTH	■Add
		ST PETERSBURG FL 33710	□Remove
			☐ Change
			Remove
			ZO⊃Add NO V □ Remove
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□ Remove
			□ Remove
		- ·- · · · · · · · · · · · · · · · · ·	
			□Add
			Remove

TO BE UPDATED FROM MANAGER TO AUTORIED MEMBER.	
 	
	2020
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	. w
10/20/20	(optional)
tive date, if other than the date of filing:	more than 90 days after filing.) Pursuant to 605
If the date inserted in this block does not meet the applicable statutory fil nent's effective date on the Department of State's records.	ing requirements, this date will not be list
nem a creenire date on the population of order a reconst	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.n	1, on the earlier of: (b) The 90th day after
filed.	•
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1 11/20/20	
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	ve of a member

Filing Fee: \$25.00