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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Divi	sion of Corp	porations		
COLUMN THE CORE	369 Mal Ma	arco LLC	·	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Hany Elgindi		
		****	Name of Person	
		369 Mal Marco LLC		
			Firm/Company	
		4803 S Military Trail		
			Address	····
		Greenacres, FL 33463		
			City/State and Zip Code	
		renaa_ram@yahoo.com	to be used for future annual report notification)	
For further in	formation co	oncerning this matter, please c		2021 APR
Hany Elgind	i		561 267-0822	一頭、るり
	Name of	f Person	Area Code Daytime Telephone	Number
Enclosed is a	check for th	ne following amount:		- 10 mg/m
□ \$25.00 F	iling Fec	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)
Reg	ling Address	Section	Street Address: Registration Section	
	rision of C). Box 632	orporations 7	Division of Corporations The Centre of Tallahasse	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

369 Mal Marco LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records. mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 11/25/2020	and assigned
Florida document number L20000372053		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
369 Mal Armia LLC		
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	<u>(SS)</u>	
Enter new mailing address, if applicable:		$\overline{\omega}$
(Mailing address MAY BE A POST OFFICE BOX)		6 - 2 mg
		in the second
		200
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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 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
			□Add
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04/12/2021	(ontional)		
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 Note: If the date inserted in this block does not meet the applicable statutory fil document's effective date on the Department of State's records.	more than 90 days after filing.) Ping requirements, this date w		
he record specifies a delayed effective date, but not an effective time, at 12:01 a.n ord is filed.	n. on the earlier of: (b) The	90th day	after the
Dated 4/12/8921.			
Dated 4/12/8021. Signature of a member or authorized representation	ive of a member		-