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COVER LETTER

Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marquil R Robinson
Marquich, LLC Firm/Company
1302 Avon Wood Street
Tampa, 7 33625 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marie of Person Name of Person
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \\ \text{(additional copy is enclosed)}

Mailing Address:

TO:

Registration Section

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

OF		FEB
Margrich, Lhc		16
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
Organization for this Limited Liability Company were filed on January 7,	2025	and assign

2012

The Articles of ed Florida document number L21000021459 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 "LLC" 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 City

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
)wniv	Marquil R. Robi	7302 Avon w inson St. Tampa, 723363	- [2499 -2 009
			□Remove
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			□Change

. II amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u> 1	tive date, if other than the date of filing: (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the int's effective date on the Department of State's records.
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	February 11. 2021.
	Signature of a member or authorized representative of a member
	Felicia G. Robinson Typed or printed name of signee

Filing Fee: \$25.00