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Y. SCOTT
DEC - 4 2021

COVER LETTER

TO: Registration Se Division of Cor					
Marlin Pro	perty Management, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Thomas D. Wright, Esq.				
		Name of Person			
	Law Offices of Thomas D	. Wright, Chartered			
		Firm/Company		2021 SĘÇ	
	9711 Overseas Highway			NOV NOV	•
		Address	**************************************		ĺ
	Marathon, FL 33050		Σχ (π (π	S TO THE	j
		City/State and Zip Code	-	17.1 5: 0	
	sue@keysclosings.com		·	ामं 🖅	
For further information of	encerning this matter, please c	to be used for future annual report not all:	incation)		
Susan M. Lovley		305 743-8118 at ()			
Name o	f Person	Area Code Daylin	ne Telephone Number		
Enclosed is a check for ti	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Addres		Street Address: Registration Se	ection		
Registration Section Division of Corporations		Division of Co	rporations		
P.O. Box 632		The Centre of	* *	n	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	J	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marlin Property Management, LLC			
(Name of the Limited Liability Comps (A Florida Limited	ny as it now appears on our reco Liability Company)	ords.)	
he Articles of Organization for this Limited Liability Company	were filed on 02/02/2021	and assigned	
lorida document number L21000058291			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
farlin Property Management FL, LLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L		
nter new principal offices address, if applicable:		2021 SEC	
Principal office address MUST BE A STREET ADDRESS)			
		SSC TO TO	
nter new mailing address, if applicable:		mo N	
Mailing address MAY BE A POST OFFICE BOX)			
. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, ent	er the name of the new regis	
New Registered Office Address:			
	Enter Florida street add	ress	
	, 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 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
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			□Renюve
]Change
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	George A. Klein				