To: 18506176381 From: 19165767036 Date: 09/08/21 Time: 8:22 AM Page: 02/05



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086 Phone : (916)576-7000

Fax Number : (800)603-5868

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: RLOPS@PARASEC.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARLON STAY SERVICES LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARLON STAY SE	RVICES LLC		
(Name of the Limited L (A F	iability Compa Iorida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company	were filed on02/02/2021	and assigned
Florida document number <u>L21000058389</u>	·		SE
This amendment is submitted to amend the following	ng:		P-8 TT
A. If amending name, <u>enter the new name of the</u>	e limited liab	oility company here:	P S
The new name must be distinguishable and contain the words	"Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	3225 N Hiatus Road,	<del></del>
Principal office address MUST BE A STREET A	DDRESS)	Sunrise FL 33345	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BO.	<u>n</u>	3225 N Hiatus Road, Sunrise FL 33345	
B. If amending the registered agent and/or registered agent and/or the new registered office address he  Name of New Registered Agent:		address on our records, enter the	name of the new registered
New Registered Office Address:	3225 N Hiat	us Road,	
		Enter Florida street address	
	Sunrise	, Florid	la 33345
_		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.

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## 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	Deanna Applewhaite	3225 N Hiatus Road,	
		Sunrise FL 33345	□Remove
			Change
			□Add
		<del></del>	Remove
			Change
		<del></del>	
		<del></del>	□Remove
			□Change
			□Remove
			□Add
		<del></del>	Remove
			Change
			DAdd
			Remove
			☐ Change

' To: 18506176381 From: 19165767036 Date: 09/08/21 Time: 8:22 AM Page: 05/05

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an effective d		ate must be specif	ic and cannot be				iling.) Pursuant to 60:	
<u>lote:</u> If the o ocument's c	date inserted in ffective date on	this block does the Departmen	not meet the ap t of State's rec	oplicable stati ords	atory filing rec	uirements, this	date will not be list	cd a
record speci 1 is filed.	fies a delayed e	ifective date, bu	t not an effecti	ve time, at 12	1:01 a.m. on th	e earlier of: (b)	The 90th day afte	r the
ated	July 30		· <u>2021</u>					
		1/2						
		_	of a member or					