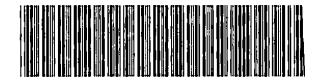
## L21000082732

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SECNETARY OF STATE

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SUBJECT:	Manco S	IRPLIST LLC ited Liability Company	
	mendment and fee(s) are sub-		
	MARCUS H	Name of Person	iste
	MARCUS	BARL'S LLC Firm/Company	
	9767 Mil	crry Marsh Lar	ne
		City/State and Zip Code	
	1 mar cu5 + ba E-mail address: 0	otisteamail: CON	Diffication)
For further information con	cerning this matter, please ca	all:	
MARCUS TRAC	rerson	at ( <u>352)</u> <u>231</u> Area Code Dayti	- 7476 ine Telephone Number
Enclosed is a check for the	following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations

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

MARCUS	BAPTIST L	_LC	
(Name of the Limited	Liability Company as it nov Florida Limited Liability Co	v appears on our records.) mpany)	
The Articles of Organization for this Limited Liab Florida document number <u>L入1000分入7ろ</u>	oility Company were filed	1 on 2/18/202	and assigne
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability comp	pany here:	
The new name must be distinguishable and contain the wor	BAPLISTE ds "Limited Liability Compan	y." the designation "LLC" or t	
Enter new principal offices address, if applicat	ole:	<del> </del>	2022 SEC
(Principal office address MUST BE A STREET	ADDRESS)	<del> </del>	NOV 2
Enter new mailing address, if applicable:			PH 4: 3
(Mailing address MAY BE A POST OFFICE B	<u> </u>	<del></del>	
B. If amending the registered agent and/or regagent and/or the new registered office address	-	n our records, enter the	name of the new register
Name of New Registered Agent:	MARCUS	Jean-Baplis	ote
New Registered Office Address:	E	nter 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

It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person b or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
. ————————————————————————————————————			□Add
			□Remov
			□Change
			□Remove
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			□Change

If an el	tive date, if other than the date of filing: 7/25/2022 (optional)  Tective 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 605.026 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed an ent's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
rd is t	iled.
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