	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
□ РСК⊅-	MAIL MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	. to Filing Officer

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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 5/12/2021		<b>₩</b> ALK	′ <i>IN</i> **
ENTITY NAME MARCU	S WALFRIDSON LLC		
DOCUMENT NUMBER_			
	**PLEASE FILE THE ATTACHED AND RETURN**	***	
xxxx	Plain Copy Certified Copy		n de
	Certificate of Status		
<del></del>	Certified Copy of Arts & Amendments Certificate of Good Standing		.•.*
	**APOSTILLE' / NOTARIAL CERTIFICATION**	<del></del>	
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT		_	
TOTAL OWED \$25.00	ACCOUNT #: I20160000072		
Please call Tina at th	e above number for any issues or concerns. Thank you so i	much!	

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marcus Walfridson LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{1.21000154123}{1.21000154123}$ .	pany were filed on 04/02/2021	and assigned
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 th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	, <u></u>	
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	100 South Ashley Drive Suite 600 Tampa, FL 33602	· · · · · · · · · · · · · · · · · · ·
Stating address (ATT BL. 11 OUT OF THEE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		17. N.
Name of New Registered Agent:		FIFE 35
New Registered Office Address:		what a state
	Enter Florida street address	
<del></del> -	, Florida	Zip Code
	CIÚ	zsp 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

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 = 1M $AMBR = M$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Add
			☐ Remove
			Change
	A		
			☐ Remove
			□ Add
			□ Remove
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	
			□ Remove
			☐ Change
			□ Remove
			Change
			Add
			Remove

	/s/ Marcu	Walfridsson uthorized representative of a m	
ated May 11th	. 2021	····	
e record specifies a delaye The 90th day after the re		not an effective time,	at 12:01 a.m. on the earlier of
an effective date is listed, the date monotone. If the date inserted in this becament's effective date on the I	lock does not meet the ap	olicable statutory filing requ	i 90 days after filing.) Pursuant to 605,0207 frements, this date will not be listed as t
fective date, if other than th	e date of filing:		(optional) 1 90 days after filing.) Pursuant to 605.0207
	<del></del>		
			<u></u>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00