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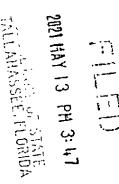
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COVER LETTER

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OUD IF OT		HEMINGWAY CIRCLE LL	C				
SUBJECT	:	Name of Limited Liability Company					
The enclose	ed Articles of .	Amendment and fee(s) are sub	omitted for filing.				
Please retu	n all correspo	ndence concerning this matter	to the following:				
		Andrew Obeidy					
		- · · · · · · · · · · · · · · · · · · ·	Name of Person	- · · · · · · · · · · · · · · · · · · ·			
		Obeidy and Associates PA					
			Firm/Company				
		2755 East Oakland Park Bl	lvd. Suite 225				
			Address				
		Fort Lauderdale Fl 33306					
			City/State and Zip Code				
		andrew@obdlegal.com					
		E-mail address: (to be used for future annual report noti	fication)			
For further i	information co	oncerning this matter, please ca	all:				
Andrew Ob	cidy, Esq.		305 892-5454 at ()				
	Name of	Person	Area Code Daytime	e Telephone Number			
Enclosed is	a check for the	e 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:
Registration Section
Division of Corporations

P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4748 EAST HEMINGWAY CIRCLE LLC	
(Name of the Limited Liability Company as it now appears on o (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on 04/13/20	21 and assigned
Florida document number 1.21000171272	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Marubar, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	ation "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:	282
(Principal office address MUST BE A STREET ADDRESS)	
	がた。 Mac っ 行
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	1.0 3: 1.
	RIDE STE
B. If amending the registered agent and/or registered office address on our record agent and/or the new registered office address here:	ds, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida su	reet address
City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
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			HAAdd 3: FLORIDA
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			□Remove

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Typed or printed name of signee