L21000181381

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration Division of C			
	'LR LLC		
SUBJECT:	· Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Antonio Zerpa		
		Name of Person	
	Code1 Consulting, LLC		
	A-1-1-	Firm/Company	
	2598 E Sunrise Blvd, Suit	e 210	
		Address	
	Ft. Lauderdale, FL 33304		
		City/State and Zip Code	
	azerpa@codeconsulting.us E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	•	
Antonio Zerpa		305 600.4329 at (
Name	of Person	Area Code Daytime Telephone N	lumber
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Certified Copy	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
Mailing Addi Registration Division of P.O. Box 63 Tallahassee	n Section Corporations 327	Street Address; Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF ARTICLES OF ORGANIZATION OF

MARUVLR LLC

21 MAY 24 AH 10: 48

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v	vere filed on April 19, 2021	and assigned
Florida document number L21000181381		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		***
(Mailing address MAY BE A POST OFFICE BOX)		-
		<u> </u>
B. If amending the registered agent and/or registered office adaptated agent and/or the new registered office address here:	idress on our records, <u>enter tl</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
Act Registered Office Additions	Enter Florida street address	
	Flor	ida
	City	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and covided for in Chapter 605, F.	U am familiar with and
II Chang	ing Degistered Agent Signature of	Nam Deciment American

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

STATE OF STA

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 21 HAY 24 AM 10: 48	Type of Action
AMBR	VIRGINIA C MUNIZ	174 E 4TH AVENUE	□Adđ
		COLUMBUS, OH 43201	■Remove
			□Change
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ctive date, if other than the defective date is listed, the date must be: If the date inserted in this blocument's effective date on the Department.	e specific and cannot be prior to k does not meet the applical	o date of filing or more than 90 day:	
ord specifies a delayed effective of filed.	late, but not an effective tin	ne, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
May 7	2021		
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Musto			
IM M. A.	gnature of a member or author	ized representative of a member	