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COVER LETTER

TO: Registration Section Division of Corp.			
SUBJECT:	MARINER Name of Limi	PRIME L ted Liability Company	LC
SUBJECT: MAKINER PRIME LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DEVELONGE Burgess Name of Person Mariner Primie LLC. Firm/Company 19046 Bruce B. Downs Blyd. #1371 Address Tainipa FL. 33647 City/State and Zip Code Jeburg 67 C. Gmail.Com E-mail address: (to be used for future annual report notification)			
Please return all correspon	dence concerning this matter t	o the following:	
	Delv	elence Bura	9185
	Marin	er Printe Firm/Company	CE Burgess ne of Person Printe LLC. n/Company B. Downs Blyd. #1371 Address 33647 te and Zip Code
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For further information co	ncerning this matter, please ca		
Delvelence Name of	Person GES	at (813) 8 Area Code D	12 - 7000 aytime Telephone Number
Enclosed is a check for the ☐ \$25.00 Filing Fee	e following amount: ☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: 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

(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L 210002333</u>	y Company were filed on May 19 7021 and assigned
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the li	imited liability company here;
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe agent and/or the new registered office address here	ered office address on our records, enter the name of the new registered e:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
Now Registered Agent's Signature if changing Registe	ored Agent

New Registered Agent's Signature, it changing Registered Agent:

Mariner

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 = Manager

AMBR = Authorized Member Address Type of Action Title Name Aicha Hughes_ □Remove ____ 🗆 Add □Remove Change ≅ Remove ্লি_{তে} <u>স্পত্</u>ট⊟Change \square Add _____ □Change □Aðd □Remove _____ Change _____ □Add Remove □ Change

										
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