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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Marks Consulting 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:
Martin Marhs Name of Person
Firm/Company
3140 S Ocean Blvd
Palm Beach Fl 33480
Palm Beach F. (33480) City/State and Zip Code Marks agmail. com E-mail address: (to be used for influre annual report notification)
For further information concerning this matter, please call:
Marks at (561), 3096386 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

(Name of the Limited I (A I	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>L21000244</u>	lity Company were filed on May 25, 202	2 and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the Marks and Marks Cor. The new name must be distinguishable and contain the words	e limited liability company here: 1 SULL 19 LLC "Limited Liability Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our records, <u>enter the nan</u> ere:	ne of the new register
Name of New Registered Agent:		
New Registered Office Address:		0
	Enter 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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'an effecti iote: If t	date, if other than the date of filing: June 4, 2021 (optional) we 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 0207 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records.
l is filed.	
ated	June 3, 2021 My Manhara of a member or authorized representative of a member Markin Marks Typed or printed name of signee
	14 17
	MAPA an Minimum
	Signature of a member or authorized representative of a member