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## **COVER LETTER**

L21000279344

M&L Mark SUBJECT:	ole Solutions, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lojuana Lentz		
		Name of Person	
		Firm/Company	
	4490 NE 138th PL		
	-	Address	
	Anthony FL 32617		
		City/State and Zip Code	<del></del> _
	M&LMarbleSolutions@GN		
	E-mail address: (	to be used for future annual report notific	cation)
For further information of	concerning this matter, please c	all:	
Lojuana Lentz		352 216-4380 at ()	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section Division of Corporations

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

M&L Marble Solutions, LLC (Name of the Lim	ited Liability Company as (A Florida Limited Liabilit	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Clorida document number L21000279346	Liability Company were	filed on 06/16/2021	and assigned
his amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability o	ompany here:	
he new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
Principal office address MUST BE A STRE	<u> ET ADDRESS)</u>	<u></u>	
Inter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>		
s. If amending the registered agent and/or gent and/or the new registered office addr		ss on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:			2021
New Registered Office Address:	4490 NE 138th PL		DEC
		Enter Florida street address	2
	Anthony	, Florid	la 32617 - 0
ton Double and According Street and 18 3		City	Cap to date
vew Registered Agent's Signature, if changing	Registered Agent:		2 t.

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.

It 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
MGR	Lojuana Lentz	3101 SW 34TH AVE, #905-166	□ Add
		OCALA, FL 34474	=Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
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	late of filing: 12/01/2021	(0	ptional)
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