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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	Marie of Lim	ropical LLC ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Bor	Moshe	
	Marcis	Name of Person Topical LL Firm/Company	
	(018 1,+	Pue S Pp. 2	<u></u>
	Sant Pere	City/State and Zip Code	33707
	E-mail address: (i	320 gmail com	cation)
For further information con-	cerning this matter, please ca	all:	
Bar M	ioshe	at (845) 459 Area Code Daytime	-9357
Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	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 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 Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on	07/21/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the d	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	27
Enter new mailing address, if applicable:	, P
Mailing address MAY BE A POST OFFICE BOX)	<u></u> •
	PH
	54 =
B. If amending the registered agent and/or registered office address on our ragent and/or the new registered office address here:	ecords, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	rida street address
rmer run	. 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>	Name	<u>Address</u>	Type of Action
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