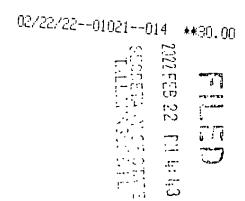
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COVER LETTER

TO:	Registration Sec Division of Corp			•	
SUBJE	ст: <u>LAByl</u>		S. LLC ited Liability Company	· · · · · · · · · · · · · · · · · · ·	٠
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspor	ndence concerning this matter	to the following:		
		<u>Mercedes</u> 1	1. Charles Name of Person		
		Labyrinth	Pages, LC Pim/Company		
		2155 Malibu	Lakes Circle Apt Address	- 2155	
			34119 City/State and Zip Code		
		musaph@ E-mail address: (OUT 100K-COM to be used for future annual report not	ification)	
For furt	her information co	oncerning this matter, please ca	alt:		
Men	cedes U. Name of	Charles Person	at (<u>230</u>) <u>2\ o-</u> Area Code Daytin	soq ne Telephone Number	10 22 27 TH
Enclose	d is a check for the	e following amount:		; <u>,</u>	
□ \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy)	Status &

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

I ABURINTH PAGES, LLC

(Name of the Limi	ted Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited E Florida document number <u>L2\00040</u>		were filed on <u>September 13</u>	2021 and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liah	oility company here:		
MARSAPH, LLC The new name must be distinguishable and contain the		Str. Common. "the designation "H. C" or the	subhenviotion "L. I. C."	
the new name must be distinguishable and contain the	words Limited Liao			
Enter new principal offices address, if appli	cable:	NIA		
(Principal office address MUST BE A STRE	ET ADDRESS)	*** ****		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	W/A		
B. If amending the registered agent and/or agent and/or the new registered office addre	No.	address on our records, <u>enter the na</u>	ame of the new registere	<u>:d</u>
Name of New Registered Agent:	N/A		13 13 13 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	
New Registered Office Address:		Enter Florida street address		
			FR 5	
		. Florida	Zin Cada	

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
AIU	NA	N/A	□Add
		 	□ Remove
			□Change
			🗀 Add
			□ Remove
			□ Change
			Remove
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			□ □ Remove
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ecord specifies a delayed is filed.	effective date, b	ut not an effect	ive time, at 12	:01 a.m. on the	earlier of: (b)	The 90th day	after the
ted <u>February</u>	١Φ	202	<u>) </u>				
Moroedes	- M.Clar	lix-					

Filing Fee: \$25.00