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(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	
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COVER LETTER

TO:	Registration Sect Division of Corpo	ion orations		
		SAN JUAN	IMPORTS LLC	
SUBJI	ECT:	Name of Limit	ed Liability Company	
		mendment and fee(s) are subm		
Please	return all correspon	dence concerning this matter to	o the following:	
		LOVETTE DOBSON	Name of Person	
			Firm/Company	2021 NOY -4 SESSEE TABLE
		17350 STATE HWY 249 S		4 PH 3: 01
		HOUSTON, TX 77064	Address	3: 01 STATE E.FL
		EFILE1234@INCFILE.COI	City/State and Zip Code M o be used for future annual report notificati	ion)
For fu	orther information co	oncerning this matter, please ca	tll:	
LOV	ETTE DOBSON		at ()	lephone Number
-	Name of	Person	Area Code Daytime Te	repnone Number
Enclo	sed is a check for th	e 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 St. Division of C. P.O. Box 632 Tallahassee, I	Section Corporations 27	Street Address: Registration Section Division of Corporate Centre of Tall 2415 N. Monroe S Tallahassee, FL 32	rations lahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAN JUAN IMPORTS LI	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) apany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L21000423799</u> .	on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
MARINO BRANDS LLC	
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	101
Enter new mailing address, if applicable:	FS 3:
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address o agent and/or the new registered office address here:	n our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	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
			Remove
			Change
			□Add
			202 Remove
			Change PH Add Remove
			□Change
			□ Add
			Remove
			□Change
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Effective date, if other than the date of filing:		(optional)	
Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records	ibic statutory tring redui	90 days after filing.) Pur rements, this date will	suant to 605.020 not be listed a
e record specifies a delayed effective date, but not an effective t rd is filed.	me, at 12:01 a.m. on the	earlier of: (b) The 90	th day after the
OCTOBER 27 2021	·		
Jonathan Ostiz Signature of a member or auth	orized representative of a m	ember	<u> </u>