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COVER LETTER

	gistration Sec vision of Corp				
SHRIFCT:	MAREAUT	O LLC			
sobsect.			ited Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		ALEXANDER OVIEDO			
			Name of Person		
		ALEXANDER OVIEDO			
			Firm/Company		
		5737 KIMBERTON WAY			
			Address	-	
		LAKEWORTH, FL 33463			
			City/State and Zip Code		
		ALEXANDEROVIE@GM/			
		E-mail address: (6	o be used for future annual re	eport notification)	
For further in	iformation cor	ncerning this matter, please ca	11:		
ALEXANDI	ER OVIEDO		346 397 at ()	8223	
	Name of I	Person	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section Division of Corporations

P.O. Box 6327 Tallahara - EL 20214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 HIN 22 *** -

MARCAUTOTEC	2872 0011 22 AFT 9: 03
(Name of the Limited Liability Company as it no	w appears on our records.)
(A riorida Limited Liability Co	w appears on our records.) ompany) TALL AHASSEE, FL
The Articles of Organization for this Limited Liability Company were filed	d on 11/29/2021 and assigned
Florida document number 1.21000505171	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
-	
If amending the registered agent and/or registered office address or tigent and/or the new registered office address here:	n our records, enter the name of the new registe
government the new regimered vittle indices incre.	
Norman (Norma Daniet and LA annut	
Name of New Registered Agent:	
New Registered Office Address:	
E	nter Florida street address
	57 0

New Registered Agent's Signature, if changing Registered Agent:

MADEATERATER

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.

City

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	Address	Type of Action
Manager	Marin David, Fanny Coromoto, Sr.	1175 MARNI RIDGE CT. KISSIMMEE, FL 34747	□Add
			= Remove
			□Change
MGR	MARIN DAVID. FANNY C	1175 MARNI RIDGE CT. KISSIMMEE. FL 34747	= Add
			□Remove
			□Change
			□ Add
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Effective date, if other than the If an effective date is listed, the date im Note: If the date inserted in this bedocument's effective date on the I	ist be specific a lo <mark>ck does</mark> not	ind cannot be pr I meet the app	ior to date of fili licable statuto	ng or more than s ry filing require	(option 90 days after fil ements, this d	ing) Pursuar	nt to 605.0207 be listed as
e record specifies a delayed effecti rd is filed.	ve date, but n	ot an effective	e time, at 12:0	l a.m. on the ea	ırlier of: (b)	The 90th d	ay after the
Dated	-	· FL	—· <u> </u>				
			/]				
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