## L21000 527 063

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## COVER LETTER

Division of Corporations	
SUBJECT: Marvelous Enter- Name of Lim	HAINMENT Group LLC
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Marvin Jo	Name of Person
	Enter Hainment Group Firm/Company
6501 Aplin	gton Expressivery 3105 # 200
Jacksonville	2 FL 322 [ City/State and Zip Code
Marklauente E-mail address: (1	thinments Dup @ a mail. COM to be used for futury annual report not dication)
For further information concerning this matter, please co	
Marvin Johnson II	at (229) 379 - (6252 Area Code) Daytime Telephone Number
Enclosed is a check for the following amount:	
======================================	□ \$55.00 Filing Fee & □ \$60.00 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
111. ille Brenda	Charley 3 - W

Rac 05/07

Ret Letter 224400005418

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marvelous (Name of the Lin	nited Liability Company as it now (A Florida Limited Liability Con	appears on our records.)	
The Articles of Organization for this Limited	Liability Company were filed	on 12/14/2021	and assigned
Florida document number <u>L21005</u>			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability comp	anv here:	
			9 16
The new name must be distinguishable and contain the	words "Limited Liability Company	"the designation "LLC" or the	e abbreviation: L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		<del></del>	(1)
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on ess here:	our records, enter the na	ame of the new registered
Name of New Registered Agent:	Marvin Jo		
New Registered Office Address:	(0501 Arlington	Expirssyvay B10 ter Florida street address	05 # 2005
	<u>Jacksonville</u>	, Florida _	322 [] Zip Code
Non-Duningunal & 43 (t) / co s	<b>.</b>		•

## 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.

Changing Registered Agent, Signature of New Registered Agent

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
	NIA		□Add
			□Remove
		<del> </del>	□Change
			□Add
			□Remove
			☐Change
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Please update r	_			
Marvin Johnson	Sr to Ma	rvin_Joh	nson II	
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				70
			115	
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ve date, if other than the date of ective date is listed, the date must be spe	of filing: N/F	ate of filing or more th	(optional	) g.) Pursuant to 605.
If the date inserted in this block doesn't seffective date on the Departm	es not meet the applicable	statutory filing req	uirements, this dat	e will not be liste
•				
d specifies a delayed effective date,	but not an effective time,	at 12:01 a.m. on the	e earlier of: (b) T	he 90th day after
ed.				
May 4th Marrier James				
,				Ç.

Filing Fee: \$25.00

Typed or printed name of signee