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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	rporations		•		
	AMILYS INVESTMENTS &	MULTI SERVICES	•		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	ANA MARTES-RODRIG	UEZ			
		Name of Person			
	MARRO FAMILYS INVE	ESTMENTS &MULTI SERVICES			
Firm/Company					
	1828 SW SANTA BARBARA PL				
		Address	·		
	CAPE CORAL, FL 33991				
		City/State and Zip Code	· 		
	MARTESRODRIGUEZ@I				
		to be used for future annual report notifi	ication)		
For further information (concerning this matter, please co	all:			
ANA MARTES-RODRIGUEZ		239 229-7892 at ()			
Name	of Person		Telephone Number		
Enclosed is a check for t	he 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 Addre		Street Address:	*ion		
Registration Division of 0		Registration Sec Division of Corp			
P.O. Box 633	-	The Centre of T			

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 appears on our records.) A Florida Limited Liability Company)

FILED

MARRO FAMILY'S INVESTMENTS & MULTI SERVICES, LLC

2022 MAR 21 PM 3: 03

TALLAHASS The Articles of Organization for this Limited Liability Company were filed on $\frac{01/10/2022}{1}$ ____ and assigned Florida document number L22000019102 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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
MGR/ AN	ANA MARTES-RODRIGUEZ	1828 SW SANTA BARBARA PL CAPE CORAL.	
			□Remove
			Change
AMBR JOSI	JOSE A MARTES		= Add
			□Remove
			Change
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			□Remove
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			□ Change

J	OSE A MARTES IS 50% OWNER
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ecti	ve date, if other than the date of filing: (optional)
eff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
cor s fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ed	03/12/2022 ,
	Signature of a member or authorized representative of a member
	Signature of a member or authorized coresentative of a member