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2022 FEB | 4 AM 7: 34 SECRETARY OF STATE TALLASASSEE FO

A. BUTLER FEB 2 3 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 11) ARRIORS REAUTY, LUC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
NESTOY ROBBY GUERREN Name of Person	_
Firm/Company	_
4504 W.SPYUCE ST # 602	
Tampa, FL 33607 City/State and Zip Code	
RGUERREROIT @ KW. LDM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Nestor Robby Guerrero at (401) 853-0551 Name of Person Area Code Daytime Telephone Numb	er
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certific	ate of 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

MARRIORS DEALTY IIC.

FILED

2022 FFR 14 AM 7. 21

(Name of the Limited Liabili	ity Company as it now appears on o	our records.)
(A Florid	a Limited Liability Company)	SECRETARY OF STATE
		- 1四年自然法院院第二章[
The Articles of Organization for this Limited Liability C	- ·	LICITY IN A COMpand assigned
Florida document number <u>L22000 3435</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
NESTOR ROBBY GUERRER	o, uc	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:	NK	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our record	ls, enter the name of the new registered
agent and/or the new registered office address here.		
NI DI DI	۸	
Name of New Registered Agent:	/ \	-
New Registered Office Address:		
-	Enter Florida str	eet 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 Changing Registered Agent, Signature of New Registered Agent

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Tective date,	if other than the da	te of filing:			(optional)	
ote: If the dat	is listed, the date must be e inserted in this block ctive date on the Depa	does not meet th	e applicable statut	iling or more than 9 tory filing require	0 days after filing.) ments, this date v	Pursuant to 605.020 will not be listed a
ecord specific is filed.	s a delayed effective d	ite, but not an eff	ective time, at 12:	01 a.m. on the ca	rlier of: (b) The	90th day after the
ucd Feb	Wester	Robbsy	De ness	en)	
	/ L Sign	nature of a member	okauthorized repro	esentative of a mem	ber	
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