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COVER LETTER

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TO: Registration Se Division of Con			
	ERVICES, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSE Q	MARCIA-CASTRO	
		Name of Person	
	MAR	LO SERVICES, LLC	** 1
	 	Firm/Company	
	299	98 SW ROSETTA ST	٠ د.
		Address	
	PORT SAIN	T LUCIE, FL 34953	
		City/State and Zip Code	
	jomarservicesIlc@gma		
	E-mail address: (to be used for future annual report	notification)
For further information of	concerning this matter, please c	all:	
JOSE Q. MARCIA-CA	ASTRO	571 at ()	302 1328
Name c	of Person	Area Code Da	tytime 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 Addres Registration		Street Addres Registration	
Division of C		_	Corporations
P.O. Box 632	27	The Centre	of Tallahassee
Tallahassee,	FL 32314	2415 N. Mo	onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARLO SERVICES	S, LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing the International Comparing The International Comparing Inte	any were filed on02/15/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
IOMAR AND SON SERVICES LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	1	7
Trincipal Office duaress in OST DE A STREET ADDRESS		•
Enter new mailing address, if applicable:	2998 SW ROSETTA ST	'
(Mailing address MAY BE A POST OFFICE BOX)	PORT SAINT LUCIE, FL 34953	· · · · · · · · · · · · · · · · · · ·
		
B. If amending the registered agent and/or registered offingent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, <u>enter the r</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City , FIORICA	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>	Name	Address	Type of Action
			□Add
		-	□Remove
			□Change
			□Remove
			⊒Ādd
			∷ □Remove
			⊃ DAdd
			□Remove
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			□Add
		·	□Remove
			Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to e: If the date inserted in this block does not meet the applicabl ument's effective date on the Department of State's records.	date of filing or more than 90 days after filing.) Pursuant to 605.02
cord specifies a delayed effective date, but not an effective time sfiled.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ed January 4th 2023 Signature of a member or authorize	<u>.</u> .