L22000205543

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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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09/19/23--01035--001 **15.00

2023 OCT 23 PH 4: 2





COVER LETTER

TO: Registration Division of	n Section Corporations		
	GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corn	espondence concerning this matter	to the following:	
	Luisana Zozzaro Diaz		
		Name of Person	
	MARE GROUP LLC		
	<u></u>	Firm/Company	
	7901 4th Street N, Suite 3	00, St. Petersburg	
		Address	
	Florida 33702		
		City/State and Zip Code	
	corporate@onewayoranoth		-
		to be used for future annual report noti	heation)
For further informati	on concerning this matter, please of	811:	
Luisana Zozzaro Dia	32	718 6351313 at ()	
Na	me of Person	Area Code Daytim	e Telephone Number
Enclosed is a check t	for the following amount:		
■ \$25.00 Filing Fe	ce ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ad		Street Address:	
	on Section of Corporations	Registration Sec Division of Cor	
P.O. Box	-	The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARE GROUP LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab	oility Company were filed on May 2, 2	2022 and assigned
Florida document number L22000205543	,	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
Zozzaro Group LLC		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
		Z023 DCT
		00
Enter new mailing address, if applicable:		22
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		- 2
B. If amending the registered agent and/or registered agent and/or the new registered office address by	istered office address on our record	s, <u>enter the name of the new registered</u>
agent and of the new registered office address i	<u>ier e</u> .	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	oot address
	Lener 1 sorten sir	
-	City	, Florida 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

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 **Title** Name <u>Address</u> Type of Action _____ □Add ____ □Change _____ □Remove _____ DAdd ______ Change ______ Remove _____ □Change

Page 2 of 3

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