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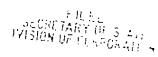
TO:

Registration Section

Division	i of Corp	porations		
	MAR	MALADE LLC		
SUBJECT:		Name of Limi	ited Liability Company	
			and the left	
The enclosed Art	ucles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all o	correspoi	ndence concerning this matter	to the following:	
		Spiros Malitsis		
			Name of Person	
		MARMALADE LLC		
			Firm/Company	
		7667 N WICKHAM RD. A	APT 501	
			Address	
		MELBOURNE, FLORIDA	X 32940	_
		amalicis (deal ams	City/State and Zip Code	
		smalitsis@aol.com b-mail address: (to be used for future annual report not	ification)
For further infor	mation co	oncerning this matter, please ca	all:	
SPIROS MALIT	rsis		914 557-4099	
	Name of	Person	at (ie Telephone Number
Enclosed is a che	eck for th	ne following amount:		
■ \$25.00 Filin	g 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)
	<u>2 Addres</u> cration S		<u>Street Address:</u> Registration Sc	ection
		orporations	Division of Co	rporations
	30x 632		The Centre of	
Tallah	iassee, I	FL 32314	2415 N. Monre	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JUL -5 AM 11: 27

MARMALADE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Cor	npany were filed on $\frac{05/10/2}{}$	022 and assigned
Florida document number 1.22000220472		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our recor	ds, enter the name of the new registered
New Registered Office Address:		
	Enter Florida s	
	V.''	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	-	7.47 С оне
		in the at a market side above
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my ent as provided for in Cha	duties, and I am familiar with and oter 605, F.S. Or. if this document is
	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

<u>Title</u>	Name	Address	Type of Action
MGR	Alexandros Efthimi Maravegias	7667 N WICKHAM RD. APT 501	= Add
		MELBOURNE, FLORIDA 32940	□Remove
			□Change
			□Remove
			☐ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			☐ Change
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

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Typed or printed name of signee