## 122 000 245 931

(Re	equestor's Name)
(Ad	ldress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	
	J. HORNE OCT - 6 2022
	OCT - 6 2022
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Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp			-
SUBJECT: MARE	SURGER RAN	CH, LLC ited Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
Wr		Name of Person  Hozeen, Tria Firm/Company	1 Attornays, LLP
10	Shot, 1	Address  L 3496  City/State and Zip Code  L+ria Lattorneys. Cook to be used for future annual report not	Blvd. Suite 100
For further information co	ncerning this matter, please ca	all:	
Loyis Following Name of	rzau, Tr Person	at (772) 286  Area Code Daytin	- 5566 ne Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co	ection orporations	Street Address: Registration So Division of Co The Centre of	rporations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT

## TO ARTICLES OF ORGANIZATION OF 202

FII	ΞD	(

MARBURER RANCH LLC SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records.) SECRETARY OF STATE (Name of the Limited Liability Company)

(Name of the Limited Liability Color (A Florida Limite	LLC	TALLARY O	F.Silver
( <u>Name of the Limited Liability Color</u> (A Florida Limite	ipany as it now appeared Liability Company)	irs on our records:)	$L^{\frac{1}{2}}(t)$
The Articles of Organization for this Limited Liability Compa	ny were filed on [	MAY 25, 20	222 and assigned
Florida document number 22000 245 931		, ,	· )
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company h	nere:	
The new name must be distinguishable and contain the words "Limited Liz	ability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>		<del> </del>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<u>.</u>	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our	records, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:	<del></del>		
New Registered Office Address:	<del>.</del>		
	Enter Fla	orida street address	
	City	, Florida	Ziv Code
N D d Annual Simple D Annual Annual	·		мр сіме
New Registered Agent's Signature, if changing Registered Agen	<u>rt.</u>		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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to if other than	the date of fi	line:			(option	al)	
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fies a delayed effe	ective date, but	not an effect	ve time, at 12	:01 a.m. on the	earlier of: (b)	The 90th day a	fter th
July 5	AL	2013					
	Signature	a member or	authorized ren	resentative of a m	ember		
	ingimune u						
	te, if other than ate is listed, the date date inserted in thi flective date on th	te, if other than the date of fi are is listed, the date must be specific date inserted in this block does no ffective date on the Department of fies a delayed effective date, but	te, if other than the date of filing:  ate is listed, the date must be specific and cannot be date inserted in this block does not meet the agriculture date on the Department of State's receive date delayed effective date, but not an effective date and the delayed effective date.	te, if other than the date of filing:  ate is listed, the date must be specific and cannot be prior to date of date inserted in this block does not meet the applicable state flective date on the Department of State's records.  fies a delayed effective date, but not an effective time, at 12  Signature of a member or authorized representations.	te, if other than the date of filing:  are is listed, the date must be specific and cannot be prior to date of filing or more that date inserted in this block does not meet the applicable statutory filing requificative date on the Department of State's records.  fies a delayed effective date, but not an effective time, at 12:01 a.m. on the Signature of a member or authorized representative of a member of a member of authorized representative o	te, if other than the date of filing:	te, if other than the date of filing:

Filing Fee: \$25.00