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PASICAL PROPERTY AND SECTION OF COMMERCIAL PROPERTY.

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: Marvelo	Name of Limit	Services IIC.		
	nendment and fee(s) are subnence concerning this matter to			
	Nyron Richard	Name of Person		
		Firm/Company		
	3+61 Berkshire Deltona FL	Address 3272.5	22 SEP 2	
For further information con	1 Yr 0714 2 4 6 0 ger E-mail address (t	City/State and Zip Code 101. Con 10 be used for future annual report notific	22 SEP 26 PH12: 58	
Mycon Richar Name of P	. Lc.	at (646) 318 - 4936		
Enclosed is a check for the	-		C See on Filing Foo	
\$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 Address: Registration See Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations	Street Address: Registration Sectorial Division of Corporate The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Illahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marvelous Trucking & Secondary Companion (A Phorida Limited Li	v as it now appears on ou ability Company)	r records.)	
The Articles of Organization for this Limited Liability Company v	vere filed on $9/14/$	77	_ and assigned
Florida document number <u>L22000402508</u>	7 /		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designati	on "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			22 5
			26 26
Enter new mailing address, if applicable:			<u> 2</u>
(Mailing address MAY BE A POST OFFICE BOX)			<u>≅</u>
			88 59 10 10 10 10 10 10 10 10 10 10 10 10 10
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			of the new registered
	Enter Florida stre		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Ci.,		isp coue
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di rovided for in Chapte	uties, and I am fai er 605, F.S. Or, if	miliar with and 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>	<u>Name</u>	Address	Type of Action
MGR	Nyron Richards	2661 Beckshire Woods Ter	Dellona Fradd 32725
	,		Remove
			□Change
			□Remove
			Change 22 SEAdd
			28 27
			Remove 22 55 Change
			DAdd
			□Remove
			Change
			□Add
			Remove
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lf an e <u>Note</u>	tive date, if other than the date of filing: 10/1/22 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records.	
e reco rd is t	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af iled.	ter the
Dated	September 22nd, 2022.	
	Signature of a member or authorized corresponding of a member	
	Signature of a member or authorized representative of a member	