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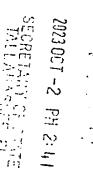
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COVER LETTER

TO: Registration Sec Division of Corp		v .	
SUBJECT:	larrakan.	110	
		ited Liability Company	<u> </u>
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Mar 21	han Kanlybagevu-	
	Mar	Mayan LLC Firm/Company	
	6650	Corporate Center	Prwy Apt 812
	Jaeksonv	City/State and Zip Code Lakhma a g. mail. com to be used for future annual report notification)	,
	4.2.	City/State and Zip Code	202 SE
	E-mail address: (to be used for future annual report notification)	SOC.
For further information co	ncerning this matter, please ca		023 OCT -2 SECREDADO TALLARD
Marzhan Name of	Kanlybayev Person	Area Code Daytime Telephone	
Enclosed is a check for the	e following amount:		
1/ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	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 Section Division of Corporation	
P.O. Box 6327	/	The Centre of Tallahasse	ce

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marrak	an LLC		
(Name of the Limited Liabili (A Florid	ity Company as it now appears on o a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L. 3300014486</u> /	Company were filed on <u>£13.</u> 	22. 2023_ and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable:	nited Liability Company." the designa	tion "LLC" or the abbreviation "L.	L.C."
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:		2023 OC SECRE TALI	
(Mailing address MAY BE A POST OFFICE BOX)	•		
B. If amending the registered agent and/or registered	d affice address on our record	s enter the name of the day	r - :
agent and/or the new registered office address here:	. owner name as on our record	n: N	registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	ret address	
		, Florida	
- -	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 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
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			□Remove
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cord s	pecifics a dela	yed effect	îve date, b	ut not an c	ffective t	ime, at E	2:01 a.m.	on the ea	arlier of:	(b) The	90th day a	fter the
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