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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Marvel Cleaning and Maintenance LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Data Taborda Name of Person
Marvel Clausing and Mintenance LLC
22878 Cascade Place
Boxa Raton FL 33428 City/State and Zip Code
Delicate Lord Chotmail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dalia Taborda at (219) 713-4616 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	la interance	aux moords)
(A Florida Limited	Liability Company)	our resource)
The Articles of Organization for this Limited Liability Compan	y were filed on <u>Ma</u>	ch 30 2023 and assigned
Florida document number <u>L_23000159365</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility 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 ADDRESS)		3 AUG 7
		HASS T
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	: address on our recor	ds, enter the name of the new registered
agent and of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	treet address
		, Florida
	City	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>	<u>Name</u>	Address	Type of Action
M6-R	Dean Fenrich		🗆 Add
		22878 Caxadopi Brakaton FC	3342C Remove
			□Change
-			🗆 Add
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			□Change
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record sp is filed.	ecifies a delayed eff	fective date, bu	t not an effective	e time, at 12:01 a	a.m. on the earl	ier of: (b) The	90th day after the
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