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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
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(Document Number)
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5716 Corsa Ave Suite 110 Westlake Village, CA 91362

Phone: (818) 264-4266 Toll-Free: (888) 366-9552 Fax: (877) 366-9552 www.DoMyLLC.com

April 11, 2023

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Florida Secretary of State,

Enclosed please find the Articles of Amendment and filing fee for MARMOLUS TECHNOLOGY LLC

Check #: 5826

Check Amount: \$25

Please return the documents once the filing is completed to:

DoMyLLC.com, LLC Attn: Processing 5716 Corsa Ave. Suite 110 Westlake Village, CA 91362

If you have any questions, please contact our office at (888)-366-9552.

Sincerely,

Processing
Processing@domyllc.com
www.DoMyLLC.com

COVER LETTER

ection rporations		
LUS TECHNOLOGY LLC		
Name of Lim	ited Liability Company	
f Amendment and fee(s) are sub	mitted for filing.	
ondence concerning this matter	to the following:	
Steven Pickett		
	Name of Person	
DoMyLLC.com, LLC		
	Firm/Company	
5716 Corsa Ave Sui	te 110	
	Address	
Westlake Village, CA	91362-7354	202
	City/State and Zip Code	2023 APR 17
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concerning this matter, please o	all:	
	at 888-366-9552	FII 3: 41
of Person	Area Code Daytime Telephone Number	[47] —
he following amount:		
☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
s: Section Corporations	Street Address: Registration Section Division of Corporations	
	TECHNOLOGY LLC Name of Lim If Amendment and fee(s) are subsondence concerning this matter Steven Pickett DoMyLLC.com, LLC 5716 Corsa Ave. · Suit Westlake Village, CA steven.pickett@domyll E-mail address: (concerning this matter, please concerning this matter concerning this ma	LUS TECHNOLOGY LLC Name of Limited Liability Company If Amendment and fee(s) are submitted for filing, condence concerning this matter to the following: Steven Pickett Name of Person DoMyLLC.com, LLC Firm/Company 5716 Corsa Ave. · Suite 110 Address Westlake Village, CA 91362-7354 City/State and Zip Code Steven.pickett@domyllc.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: ### 888-366-9552 Area Code Daytime Telephone Number the following amount: \$\$S100 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certified Copy (additional copy is enclosed) (crtified (additional copy is enclosed)) Silvest Address: Registration Section Division of Corporations

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-	, City	, Florida Zip Code
		m · 1
New Registered Office Address:	Enter Florida street ad	dress
		<u></u>
Name of New Registered Agent:		
agent and/or the new registered office address n	<u>ere</u> ;	
		ter the name of the new registered
		<u> </u>
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>	
Enter new mailing address, if applicable:		
		- 23
Frincipul Office duaress MUST BE A STREET A	ADDREAS)	
• • •	-	
Enter new principal offices address, if applicable	e:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
A. It amending name, enter the new name of the	e limited liability company nere:	
	-	
This amendment is submitted to amend the following	ng:	
Florida document number L23000159533	ame, enter the new name of the limited liability company here: e distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." pal offices address, if applicable: address MUST BE A STREET ADDRESS)	
The Articles of Organization for this Limited Liabi	submitted to amend the following: me, enter the new name of the limited liability company here: distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." all offices address, if applicable: dress MUST BE A STREET ADDRESS) address, if applicable: AY BE A POST OFFICE BOX) registered agent and/or registered office address on our records, enter the name of the new registered and the registered office address here:	
·		
(Name of the Limited L	Linbility Company as it now appears on our rec Florida Limited Liability Company)	जात्र)
MARMOLUS TECHNOLOGY LL		

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
AMBR	Alfredo Zermeno Nunez	186 SE 12th Terrace #1905	■ Add
		Miami, FL 33131	□Remove
			Change
AMBR Carlos Alfredo Torres Chavez	186 SE 12th Terrace #1905	(E) Add	
		Miami, FL 33131	□Remove
			□Change
AMBR Francisco Javier Arroyo Badillo	186 SE 12th Terrace #1905		
		Miami, FL 33131	□ Remove
			□Change
MGR	AGR Alfred Urcuyo	186 SE 12th Terrace #1905	
	Miami, FL 33131	□Remove	
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	it, the date must be specific ted in this block does n late on the Department	c and cannot be prior to da not meet the applicable	te of filing or more than 9 statutory filing require	(optional) 0 days after filing.) Pu ments, this date wil	rsuant to 605.0207 I not be listed as
e record specifies a deland is filed.	ryed effective date, but	not an effective time, a	it 12:01 a.m. on the ea	rlier of: (b) The 90	Oth day after the
	23	//			
Dated April 11, 202			-	į-	7023
Dated April 11, 202	Mil	my/	-	1	:35
Dated _April 11, 202	Signature o	f a maniber or authorized	representative of a mem	ber :	APR .
Dated April 11, 202	-		representative of a mem	: ber : :	APR 17 PH

Filing Fee: \$25.00