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COVER LETTER

Division of Cor	porations			
SUBJECT: MARMOL	LUS TECHNOLOGY LLC			
30B3EC1.	Name of Lim	ited Liability Company		
				207
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		ZUZ3 AUG T
Please return all correspo	ondence concerning this matter	to the following:		
				PH 2:
	Steven Pickett			. 2
		Name of Person		
	DoMyLLC.com, LLC			
		Firm/Company		
	5716 Corsa Ave. · Sui	te 110		
		Address		
	Westlake Village, CA	91362-7354		
		City/State and Zip Code		
	processing@domyllc.c	om to be used for future annual repo	rt notification)	
For further information of	concerning this matter, please c		(Choxineanon)	
	oncerning this matter, piease e			
Steven Pickett		888-366-9552		
Name o	f Person	Area Code D	aytime Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	te of Status &

TO:

Registration Section

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

Street Address: 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

- ·	2023 A'US I
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-	PH
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MARMOLUS TECHNOLOGY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	(77) Ronda Elimited Blacking Company	9
The Articles of Organization for this Limited L	iability Company were filed on 03/30/2023	and assigned
Florida document number <u>L2300</u> 0159533	·	
This amendment is submitted to amend the foll	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
Marmolus LLC		
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:	<u> </u>	<u></u>
(Mailing address MAY BE A POST OFFICE	BOX)	
C, C,	registered office address on our records, <u>enter the</u>	name of the new regis
agent and/or the new registered office addre	ss here:	
N 6N 10 11 11		
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
	Enter Florida street address	
	Floric	la
	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 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
			□Add
			□Remove
			□Change
			2023 4 44 ——————————————————————————————————
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			□Add
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ctive date, if other that effective date is listed, the date is If the date inserted in target and in the date on the date on	his block does not	nd cannot be prior to t meet the applicab	crate or mind on mon	c than 90 days after requirements, this	onal) filing.) Pursum date will no	nt to 605.03 t be listed
ord specifies a delayed et filed.	Tective date, but n	ot an effective tim	e, at 12:01 a.m. or	the earlier of: (b) The 90th (day after t
d _ August 1, 2023				0		
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Filing Fee: \$25.00