L23000168425

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only) State/Zipir Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:
}

Office Use Only



100411271421

07/10/23--01016--001 **30.00

A CHECKNY DV.

1023 JUL 10 AM 7: 56



COVER LETTER

	Registration Sec Division of Corp			er Viller			
cup iez	MARJILL I.	, LLC					
SUBJEC	-li <u></u>	T:Name of Limited Liability Company					
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspon	dence concerning this matter	to the following:				
		Florence Maria Seiferth					
			Name of Person				
		MARJILL 1, LLC	Firm/Company				
		3850 Washington Street, #	1010				
	Address						
		Hollywood, FLorida 3302	1				
		jill.seiferth@gmail.com	City/State and Zip Code				
For furth	er information co	E-mail address: (neerning this matter, please c	to be used for future annual report not	iffication)			
Jill Seife		neething this matter, prease of	954 993-2668				
•••	Name of	Person	at () Area Code Daytin	ne Telephone Number			
Enclosed	l is a check for the	e following amount:					
	00 Filing Fee W certificate 8 Jatus	★\$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		Street Address: Registration Se	ootion			
Registration Section		Registration Se					

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

nation "LLC" or the	and assigned
4, 2023	and assigned
nation "LLC" or the	e abbreviation "L.L.C."
nation "LLC" or the	
nation "LLC" or the	
rds, <u>enter the na</u>	ame of the new reg
Enter Florida street address Florida City Zip Code	
	agree to comply wi n familiar with and
,	street address Florida pacity. I further o

If Changing Registered Agent, Signature of New Registered Agent

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	Florence Maria Seiterth	3850 Washington Street, #1010	■ Add
		Hollywood, FL 33021	□Remove
			Change
	.		
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			Change

Page 2 of 3

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
· -	
-	
_	
_	
_	
_	
_	
_	
_	
_	
_	
•	
_	······································
_	
(If an effe	April 4, 2023 (optional) ctive date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605,0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	July 3 . 2023.
	$\mathcal{C}_{\mathcal{A}}$
	Signature of a infember or authorized representative of a member
	Jill Seiferth
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00