L 23000179794

(Re	questor's Name)	
(Ad	dr e ss)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer:	
	1.	
UM		

Office Use Only



800423424048

02/09, 24--01026--020 **25, 00

COVER LETTER

	egistration Section ivision of Corpor			
CUDICT	٠.	MARUEL A	tomes LLC	
SUBJECT	:	Name of Limi	ted Liability Company	
٠				
The enclos	ed Articles of Am	endment and fee(s) are subi	mitted for filing.	
Please retu	rn all corresponde	nce concerning this matter	to the following:	
		MARCU	S HOUSTON Name of Person	
			Firm/Company	
		14259	LAKE PRESI	ERVE BLVD
		ORLANDO	FL 3282 City/State and Zip Code	4
	-		City/State and Zip Code 165 FLO GMAI o be used for future annual repo	
For further	information conc	erning this matter, please ca	ill:	
MAR	LCUS Ho Name of Pe	ILSTON TSON	at (<u>\$50</u>) <u>(</u> 3	31-9389 Daytime Telephone Number
Enclosed is	s a check for the fo	ollowing amount:		
፟፟፟፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
R D	lailing Address: egistration Sec vivision of Corp. O. Box 6327			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARVEL HOMES	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Tability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2300179794</u>	were filed on APAL 11, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	1317 EDGEWATER DR SWITE 420 ORLANDO, FL 32804
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	iddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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 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>	Name	Address	Type of Action
			□Add
			Петюve
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Change
			□Add
		□Remove	
			☐ Change
			⊐Add
			□ Remove
			□Change

		
	· · · · · · · · · · · · · · · · · · ·	
	——————————————————————————————————————	
-		
-		
<u>ote:</u> If	e date, if other than the date of filing:	07 (as t
ecord s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after this.	ic
ated	JANUARY 19 2024.	
	JANUARY 19 2024 Mach Signature of a member or authorized representative of a member	

DUL D CAROO