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H240003747203ABCS

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MARASSI LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

T. LEMIEUX

NOV 15 2024

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Corporate Filing Menu

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2024 NOV 14 PM 3:57  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 NOV 14 PM 1:11  
OFFICE STATE  
CD

second Request

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MARASSI LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/20/2023 and assigned  
Florida document number: L23000197557

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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)**

2023 NOV 14 PM 1:41

11-CD

If appending 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

| Title | Name                     | Address                                     | Type of Action                             |
|-------|--------------------------|---------------------------------------------|--------------------------------------------|
| AMBR  | VALENCIA RIVERA, DIEGO F | 19790 W DIXIE HWY SUITE 309 MIAMI, FL 33180 | <input checked="" type="checkbox"/> Add    |
|       |                          |                                             | <input type="checkbox"/> Remove            |
|       |                          |                                             | <input type="checkbox"/> Change            |
| AMBR  | VALERIA RIVERA, DIEGO F  | 19790 W DIXIE HWY SUITE 309 MIAMI, FL 33180 | <input checked="" type="checkbox"/> Add    |
|       |                          |                                             | <input checked="" type="checkbox"/> Remove |
|       |                          |                                             | <input type="checkbox"/> Change            |
|       |                          |                                             | <input type="checkbox"/> Add               |
|       |                          |                                             | <input type="checkbox"/> Remove            |
|       |                          |                                             | <input type="checkbox"/> Change            |
|       |                          |                                             | <input type="checkbox"/> Add               |
|       |                          |                                             | <input type="checkbox"/> Remove            |
|       |                          |                                             | <input type="checkbox"/> Change            |
|       |                          |                                             | <input type="checkbox"/> Add               |
|       |                          |                                             | <input type="checkbox"/> Remove            |
|       |                          |                                             | <input type="checkbox"/> Change            |
|       |                          |                                             | <input type="checkbox"/> Add               |
|       |                          |                                             | <input type="checkbox"/> Remove            |
|       |                          |                                             | <input type="checkbox"/> Change            |

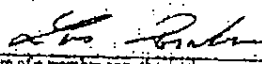
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

WRITE THE EIN NUMBER 92-3818179

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional).  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (1)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated: NOVEMBER 07 2024

  
Signature of a member or authorized representative of a member

Luis Rosales  
Typed or printed name of signee

Filing Fee: \$25.00