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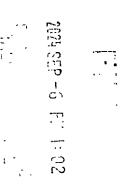
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	MARTER	light, UC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	4	
	Be	Atrus Hignericy Name of Person Blady Hegnery Firm/Cormany	
	(Black Hegriere	-
	3530	SW ZZ St. A	pt. 706
			-
	MIA	MI PL 33195	<u> </u>
	E-mail address: (MI TL 33145 Cit/State and Zip Code NIZ-ROYO D Swa to be used for future annual report notific	ilo com cation)
For further information c	oncerning this matter, please c	all:	
Beatu Name o	12 Hogreney	at (305	2 5 2 4 1 Telephone Number
Enclosed is a check for the	he following amount:		
12 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed):
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Sect	ion . :
Division of C P.O. Box 632	•	Division of Corp The Centre of Ta	orations - :-
1.O. DOX 002		The Centre of Ta	nanassec ' !

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maet Bright, UC	
(Name of the Limited Liability Company as a now appears on our records. (A Florida Limited Liability Company))
The Articles of Organization for this Limited Liability Company were filed on	2023 and assigned
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 agent and/or the new registered office address here:	he name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Emer Florida street address	
Flor	rida
New Registered Agent's Signature, if changing Registered Agent:	ZIP Code 3
	, j
I hereby accept the appointment as registered agent and agree to act in this capacity. I furt provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for in Chapter 605, F being filed to merely reflect a change in the registered office address. I hereby confirm that company has been notified in writing of this change.	l I am familiar with and S. Or, if this document is

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
MGR	PATRICIA PENICheino	3530 SW 27 St. Apt. 706, MIAMI FL 33	□Add
		Apt. 706, MIAMI 72 33	Remove
			□Change
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fective date, if other	than the date of fili	ing:	(optional) after filing.) Pursuant to 605.02
(a) 1	ne date must be specific a d in this block does not	and cannot be prior to date of timeet the applicable sta	r ming or more than 90 days tutory filing requirements	safter filing.) Pursuant to 605,02 s, this date will not be listed
m effective date is listed, t o <mark>te:</mark> If the date inserted	e on the Department of	f State's records.		5 ···
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