L23000539929

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DATE:

12/14/2023

NAME: MARMIL LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration S Division of Co			
MARMIL	LLC		
SUBJECT:	Name of Lin	nited Liability Company	·····
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Anibal Manzano		
		Name of Person	
	Manzano Law PLLC		
		Firm/Company	
	1900 Glades Road, Ste 50	Ó	
		Address	
	Boca Raton, FL 33431		
	 	City/State and Zip Code	
	anibal@manzano.law		
		to be used for future annual report no	otification)
For further information	concerning this matter, please c	all:	
Anibal Manzano		561 306-3845 at ()	
Name	of Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of (Division of Co	

P.O. Box 6327

Tallahassee, FL 32314

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

FILED

2023 DEC 14 AM 11: 34 MARMIL 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 December 5, 2023 AHASSEE, FLORIDA Florida december 5, 2023 Florida document number <u>L23000539929</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MARMIL CONSULTING LLC 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

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.

_, Florida ___

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
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Effective date, if other than the (If an effective date is listed, the date mus	date of filing:	not be prior to da	te of filing or mo	opt re than 90 days afte	ional) er filing.) Purs	uant to 60)5,0207
Note: If the date inserted in this blo document's effective date on the Do	ock does not meet	the applicable	statutory filing	requirements, th	is date will r	iot be lis	sted as
the record specifies a delayed effective cord is filed.	: date, but not an e	effective time,	at 12:01 a.m. o	the earlier of: (b) The 90d	n day aft	er the
Dated December 13	20	023					
Dated							