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## **COVER LETTER**

TO: Registration Section

Divisi	on of Cor	porations			
	darians Ma	nrket LLC			
SUBJECT: _		Name of Lim	ited Liability Company		<del></del>
The enclosed A	aticles of	Amendment and fee(s) are sub	mitted for filing		
			-		
Please return al	ll correspo	ndence concerning this matter	to the following:		
		Anna Kechbauch			
			Name of Person		
	Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  turn all correspondence concerning this matter to the following:  Anna Keehbauch  Name of Person  Marians Market LL.C  Firm/Company  4816 29th Ave Dr W  Address  Bradenton, FL 342(b)  City/State and Zip Code  anna@mariansmarketlle.com  E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call:  chbauch  Name of Person  Area Code  Daytime Telephone Number				
		Name of Limited Liability Company  dicles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  Anna Keehbauch  Name of Person  Marians Market LL.C  Firm/Company  4816 29th Ave Dr W  Address  Bradenton, FL 342(9)  City/State and Zip Code anna@mariansmarkettle.com  E-mail address: (to be used for future annual report notification)  mation concerning this matter, please call:  h  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Seek for the following amount:  g Fee  S30.00 Filing Fee & Certificate of Status  Certified Copy (additional cryp is enclosed)  LAddress:  Registration Section  not Corporations  on of Corporations  The Centre of Tallahassee			
		4816 29th Ave Dr W	Name of Limited Liability Company  nent and fee(s) are submitted for filing concerning this matter to the following:  to Keehbauch  Name of Person  trans Market LLC  Firm/Company  6 29th Ave Dr W  Address  denton, FL 342(9)  City/State and Zip Code @mariansmarketlle.com  E-mail address: (to be used for future annual report notification)  ag this matter, please call:		
			Address		
		Bradenton, FL 34209			
			City/State and Zip Code		<del></del>
				, <u>, , , , , , , , , , , , , , , , , , </u>	
				report notification)	
		oncerning this matter, please c	all:		
		3-5290			
	Name o	f Person	Area Code	Daytime Telepho	ne Number
Enclosed is a c	heck for th	ne following amount:			
■ \$25,00 Fili	ing Fee		Certified Copy		Certificate of Status & Certified Copy
		-		•	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marians Market LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our reconted Liability Company)	rds.)
The Articles of Organization for this Limited Liability Com  Torida document number 1.24000108548	pany were filed on 3/4/2024	and assigned
lorida document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
		. 2
Enter new mailing address, if applicable:		# 21 # 21
Mailing address MAY BE A POST OFFICE BOX)		
		- 1 cs
		÷: <b>0</b>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>ent</u> o	er the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	
	Emer Pioriaa Nreel adai	car
	, 1	Florida Zip Code
	CHY	гір Соас

## 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>	<u>Name</u>	Address	Type of Action
MGR	Anna Keehbauch	4816 29th Ave Dr W	■Add
		Bradenton, FL 34209	□Remove
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
		<del></del>	□Add
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Effect	ive date, if other than the date of filing: (optional)
lf an eff <u>Note:</u>	cetive 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 605,020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record rd is fil	d 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 led.
	6/14/2024
Dated .	
Dated .	as a Vihane
Dated	6/14/2024  And While  Signature of a member or authorized representative of a member