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To:

COVER LETTER

TO: Registration So Division of Cor			
(MARRA LLC		
NOBJEC C	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter Mike Town	to the following:	
	STIRE FOWII	Name of Person	
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□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2001 Executive Center Circle Tallahassee, FL 32301

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

DANIEL MARRA LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limit	ipany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number 1.24000234394	ny were filed on 05/20/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lic	ability 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 BON)	<u>:</u>
	7
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the reere:
Name of New Registered Agent:	
New Registered Office Address:	
_	Enter Florida sirvei address
_	Florida
	Cuy Zip Code

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	<u>Address</u>	Type of Action
AMBR	NATALICCHIO, MEGHAN		
		13610 EVELANE DR HUDSON, FL 34667	■ Remove
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	Page 6 of 6	2024-12-19 10 52:45 PST	LegalZoom.com, Inc	From Candace Pr
D. If am	ending any other informati	on, enter change(s) here: <i>(Anacl</i>	andditional sheets, if necessary.)	
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	cord specifies a delayed of 90th day after the recor		ctive time, at 12:01 a.m. on the	earlier of:
Dated	12/19	2024		
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	/S/ DANIEL M M/		and the second control of the second control	
	,	ignature of a member or authorized repre-	semagive of a member	
	DANIEL M. MARRA			
		Typed or printed name of s	Suman	_

Page 3 of 3

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