

LOT 0000018393

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

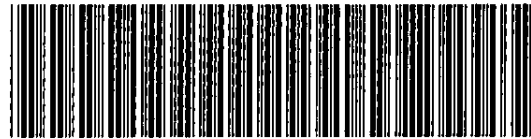
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AUG 23 2011

EXAMINER



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08/22/11--01022--013 \*\*25.00

FILED  
11 AUG 22 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**KRISTOPHER E. FERNANDEZ, P.A.**

*Attorney at Law*

*114 S. Fremont Avenue  
Telephone (813) 832-6340  
E-mail address:*

*Tampa, Florida 33606  
Facsimile (813) 514-0438  
Kfernandez@kfernandez.fdn.com*

August 18, 2011

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Marpesca Direct, LLC

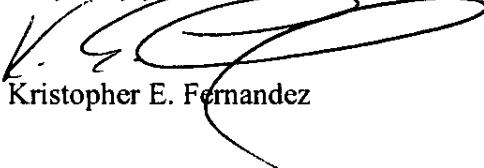
Dear Sir/Madam:

Enclosed is the Articles of Amendment to Articles of Organization for the above referenced limited liability company.

Also, enclosed is my check number 9491 in the amount of \$25.00 for the filing fee.

Thank you for your assistance. Please call me if you have any questions.

Very truly yours,



Kristopher E. Fernandez

Enclosures  
Cc: Client (w/encl)

**Board Certified in Real Estate Law; Emphasizing Real Estate, Real Estate Closings,  
Title Insurance, Probate, Wills & Trusts**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Marpesca Direct, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Kristopher E. Fernandez**

Name of Person

**Kristopher E. Fernandez, P.A.**

Firm/Company

**114 S. Fremont Avenue**

Address

**Tampa, FL 33606**

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Kristopher E. Fernandez**

Name of Person

at ( 813 )

**832-6340**

Area Code & Daytime 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)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Marpesca Direct, 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 February 16, 2007 and assigned Florida document number L07000018393.

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 end with 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)**

8910 N. Dale Mabry Hwy

Suite 37

Tampa, FL 33614

**Enter new mailing address, if applicable:**

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

8910 N. Dale Mabry Hwy

Suite 37

Tampa, FL 33614

**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:

8910 N. Dale Mabry Hwy, Suite 37

*Enter Florida street address*

Tampa

, Florida

33614

*City*

*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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

**MGR = Manager**

**MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

Please change the address for all Managers to 8910 N. Dale Mabry Hwy,

Suite 37, Tampa, FL 33614

Dated

August 18

2011

  
Signature of a member or authorized representative of a member

Kristopher E. Fernandez

Typed or printed name of signee