L10000125225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 7 2013

T. HAMPTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MARCO MULTI SERVICE,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:

PIERRE M CARILUS
Name of Person

MARCO MULTI SERVICES,LLC
Firm/Company

1139 BILTSDALE CT
Address

APOPKA,FL 32712
City/State and Zip Code

CARILUSMARC@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PIERRE M CARILUS at (407) 453-0826
Name of Person — 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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2014

PIERRE M CARILUS
1139 BILTSDALE CT
APOPKA, FL 32712

SUBJECT: MARCO MULTI SERVICE , LLC
Ref. Number: L10000125225

We have received your document for MARCO MULTI SERVICE , LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 314A00004192

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MARCO MULTI SERVICE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/06/2010 and assigned Florida document number L10000125225.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MARCO MULTI SERVICES,LLC EIN# 27-5354132

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)

1139 Biltsdale Ct
Apopka, FL 32712

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1139 BILTSDALE COURT.
APOPKA, FLORIDA 32712.

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: PIERRE M CARILUS

New Registered Office Address: 1139 BILTSDALE COURT
Enter Florida street address

APOPKA, **Florida** 32712
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Pierre M Carilus	1139 Biltsdale ct. Apopka FL 32712	☒ Add
			☐ Remove
			☐ Add
		1033 Mildred Dixon Way. Winter Garden, FL 34787	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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TALLAHASSEE, FLORIDA

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

I HAVE ON IRS FILED MARCO MULTI SERVICES.

Employer Identification Number:
27-5354132

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 02/17/2014 . MGR .

Signature of a member or authorized representative of a member

PIERRE M CARILUS

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Filing Fee: $25.00