

Division of Corporations

Page 1 of 2

L12000147714

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000014563 3)))



H15000014563ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PANELL LAW GROUP, LLC
Account Number : I20130090088
Phone : (305) 513-8606
Fax Number : (305) 513-8605

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ell@panell-law.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JAN 20 PM 12:48

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
555 NE 15 ST MARPA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

15 JAN 20 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

JAN 21 2015
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

H15000014563 3

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

555 NE 15 ST MARPA, 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 11/26/2012 and assigned Florida document number L12000147714.

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 "LLC."

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

City, Florida 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

Page 1 of 3

H15000014563 3

FILED
 2015 JAN 20 PM 12:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

H15000014563 3

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
AMBR	Martin C. Mazzoni	3785 NW 82th Avenue, Suite 104	☐ Add
		Doral, FL 33166	☒ Remove
MGR	Martin C. Mazzoni	3785 NW 82th Avenue, Suite 104	☒ Add
		Doral, FL 33166	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

2015 JAN 20 PM 12:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

H15000014563 3

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

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 _____



Signature of a member or authorized representative of a member
Martin C. Mazzone

Typed or printed name of signor

Page 3 of 3

Filing Fee: \$25.00

FILED
2015 JAN 20 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000014563 3