# 111000130908

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nam	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fill	ing Officer:	

Office Use Only

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2019 JAN 22 PM 3: 22

C. GOLDEN JAN 2 3 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MARETERLA 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:
Alyse Sinzieri Name of Person
Rest Group, UC.
4236 GULF Shore Blvd N
Maples, FL 34103  City/State and Zip Code  FIVESIAZ Q ao L. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
August Sinzier at (239) 297-2089  Name of Person at (239) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \$\Bigcup \\$55.00 F

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

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Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

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



December 28, 2018

ALYSE SINZIERI 4236 GULFSHORE BLVD. N NAPLES, FL 34103

SUBJECT: MARETERRA, LLC Ref. Number: L11000130908

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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 (1850) 245-6050.

Claretha Golden .

– Regulatory Specialist II

Letter Number: 618A00026449



December 4, 2018

ALYSE SINZIERI 4236 GULFSHORE BLVD. N NAPLES, FL 34103

SUBJECT: MARETERRA, LLC Ref. Number: L11000130908

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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) 245-6050.

Letter Number: 318A00024748

Claretha Golden Regulatory Specialist II

RECENKED. MIDEC 26 PH 4: C SEVRETARY DESTA

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	ERRA, UC		19 JAN 22	PM 3: 22
(Name of the Lin	mited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	IALLAHAS	OF STATE
The Articles of Organization for this Limited Florida document numberL\\\ \  \  \  \  \  \  \  \  \  \  \  \	Liability Company were filed on	11/16/2011	and assi	
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new name	of the limited limbility company he	re:		
The new name must be distinguishable and contain the Enter new principal offices address, if apple (Principal office address MUST BE A STRE	licable:	esignation "LLC" or the ab	breviation "L.I.	.C."
Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFIC)	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered	d/or registered office address on office address here:	our records, enter	the name o	f the new
Name of New Registered Agent:	Alyse Sinz	ZICRI Sl DI		
New Registered Office Address:	Enter Flori	NOLL 15 (1) da street address	d N	Λ 2
	Naples	, Florida <u>P</u>	25 4 1 (	05

#### 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>	Name	Address	Type of Action
AMBR	Salvature r. Dinzier	1 123 FORESTUDIO DR	
		Naples FL 34110	_ ☑ Remove
1	P == ( = = 1/2		Change
AMBL	, nest Gloup, we	- 4236 Golf Show	e BIVD IV
		Naples, FC 34103	☐ Remove
Δ.			Change
HMBK	Alyse Sinzieri	123 FORESTUND DR	_tJ Add
	<del>-</del>	123 FORESTUND DR Naples, FC 34110	C Remove
	-		_ Change
			_D Add
	-		_ Remove
	-	<del></del>	_O Change
			_□ Add
	_		_ C Remove
	_		_D Change
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	_		□ Remove
			☐ Change

	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• •	
Effec	ctive date, if other than the date of filing: (optional)
Note	effective 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 605.0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.
he re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier see 90th day after the record is filed.
Dated	1 Nov 19, 2018/
	Ellege Swain
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00