## LU7000062484

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(=======,
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J. HORNE
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SECRETARY OF STATE

FILED
2022 MAY 31 AM 10: 28

## **COVER LETTER**

ection rporations			
arseille, LLC		•	
Name of Lim	ited Liability Company		
Amendment and fee(s) are sub	mitted for filing.		
ondence concerning this matter	to the following:		
William C Nichols			
	Name of Person		
Templar Consulting Service	res LLC		
	Firm/Company	-	
15970 West State Road 84	-208		
	Address	<del></del>	
Sunrise, FL 33326			
	City/State and Zip Code		
teslle2010@gmail.com		off action)	
		inication)	
	954 993-5093		
of Person	Area Code Daytir	ne Telephone Number	
the following amount:			
S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		ection	
Division of Corporations		Division of Corporations	
27 FL 32314		Tallahassee oe Street, Suite 810	
	Amendment and fee(s) are subsondence concerning this matter  William C Nichols  Templar Consulting Service  15970 West State Road 84  Sunrise, FL 33326  teslle2010@gmail.com  E-mail address: (concerning this matter, please concerning this matter, please concerning this matter, please concerning this matter.)  S30.00 Filing Fee & Certificate of Status	Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Ondence concerning this matter to the following:  William C Nichols  Name of Person  Templar Consulting Services LLC  Firm/Company  15970 West State Road 84-208  Address  Sunrise, FL 33326  City/State and Zip Code  teslle2010@gmail.com  E-mail address: (to be used for future annual report not concerning this matter, please call:  954  993-5093  at (	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 31 AM 10: 28

1437 Marseille, LLC

LLC

(Name of the Limited Liability Company as it now appears on our records DASSEE, FL. 16.

(A Florida Limited Liability Company)

	were filed on 06/13/2007	and assigned
Florida document numberL07000062484		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Marseille Plan B Properties LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15970 W State Road 84 - 208	
(Principal office address MUST BE A STREET ADDRESS)	Sunrise, FL 33326	
Established disconnection address if applicables	15970 W State Road 84 - 208	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Sunrise, FL 33326	<del></del>
(Mutting dadress MAT BE A TOST OFFICE BOA)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Elowido	
	, Florida,	Zip Code
	•	•
New Registered Agent's Signature, if changing Registered Agent:	•	·

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
	·		
			□Remove
			□Add
			□Remove
			☐ Change
			□Remove
			Change
			□Remove
			□Change
			□Remove
			□Add
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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Note:	ive date, if other than the date of filing:
f the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	May 18
	Signature of a member or authorized representative of a member
	William C Nichols
	Typed or printed name of signee

Filing Fee: \$25.00

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