

206000000 2179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

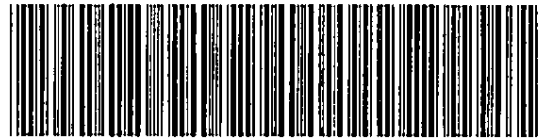
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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11/22/21--01007--012 **35.00

FILED
2022 MAR 31 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER
APR 09 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M. A. R. 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:

SUBHASHINI RANGAM
Name of Person
M. A. R. LLC
Firm/Company
11140 MERIDIAN DRIVE SOUTH
Address
PARKLAND FL 33076
City/State and Zip Code
SUBKRISHNA7@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

SUBHASHINI RANGAM at 954 756 3290
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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 MAR 31 AM 9:38

M.A.R. LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/06/2006 and assigned
Florida document number L06000002179.

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 contain 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)

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

Florida

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

MGR	KRISHNA RAO RANGAM	11140 Meridian Drives	<input checked="" type="checkbox"/> Add
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		PARKLAND, FL 33076	<input type="checkbox"/> Remove
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[illegible]

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR -7 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FL

December 8, 2021

SUBHASHINI RANGAM
5407 LYONS ROAD
COCONUT CREEK, FL 33073

SUBJECT: M.A.R. LLC
Ref. Number: L06000002179

We have received your document for M.A.R. LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 821A00029588



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR 31 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FL

March 11, 2022

SUBHASHINI RANGAM
11140 MERIDIAN DRIVE SOUTH
PARKLAND, FL 33076

SUBJECT: M.A.R. LLC
Ref. Number: L06000002179

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Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 422A00005809



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FL

December 8, 2021

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5407 LYONS ROAD
COCONUT CREEK, FL 33073

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Anissa Butler
Regulatory Specialist II

Letter Number: 821A00029588