

L06000052637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SEP 13 2011

EXAMINER



400198352284

03/21/11--01012--023 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 22 PM 3 19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mari Imports & Designs
Name of Limited Liability Company

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 AUG 22 PM 3:13

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacqueline Suarez

Name of Person

MARI

Firm/Company

3872 N Summer Grove Way

Address

Jacksonville, FL 32257

City/State and Zip Code

mari@bww.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline Suarez

Name of Person

at (904)

434.6574

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MARI Imports & Designs, LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 22 PM 3:18

The Articles of Organization for this Limited Liability Company were filed on May 22, 2006 and assigned
Florida document number L06000052637.

This amendment is submitted to amend the following:

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

MARI AG, LLC

~~MARI GO, LLC~~

MARI AG

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)

3872 N Summer Grove Way
Jacksonville FL 32257

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

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:

W/A

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 608, 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.

W/A
If Changing Registered Agent, Signature of New Registered Agent

RECEIVED
JUL 16 2006
11 18:02
FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

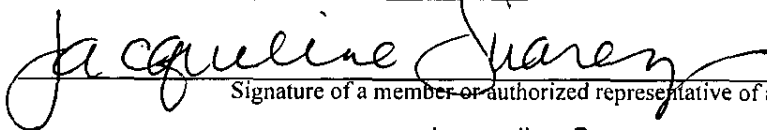
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
n/a	n/a	n/a	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

n/a

Dated February 8, 2011



Signature of a member or authorized representative of a member

Jacqueline Suarez

Typed or printed name of signee