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Special Instructions to	Filing Officer:	
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# **COVER LETTER**

' TO: **Registration Section Division of Corporations** 

Classic Marcite, UC Name of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Yeaman Name of Person
Name of Person
Classic Marcite, LLC
Firm/Company
4264 Sea Rock Court
Address
Apopka FL 32712
City/State and Zip Code
TSYEAMANC AOL. COM E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas )	leaman.	at (_ <b>4</b> 07_)	765-4065
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 Tallahassee, FL 32314

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

	TC CLES OF O	RGANIZATION	
	OI	•	
<u>Classic</u> ( <u>Name of the Limited</u> (A	Marcite, ( Liability Compan Florida Limited Li	y as it now appears on our re ability Company)	<u>cords.</u> )
The Articles of Organization for this Limited Liab Florida document number <u>L060001201</u>		vere filed on <u>(2 - 1 8</u>	- 2006 and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, <u>enter the new name of the Moon Mis H. En</u> The new name must be distinguishable and contain the work			
Enter new principal offices address, if applicat		SAME	
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<b>0V</b> 1		
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B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:	<u>here</u> :	ldress on our records, <u>e</u>	· ·
New Registered Office Address:	<u>.</u>	Enter Florida street a	<u>ح</u>
		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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	<u>Address</u>	Type of Action
	SAME		🗆 Add
		·	🗆 Remove
·		<u></u>	🗆 Add
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## **Ď.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A		<u> </u>	 
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E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional) (If an 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 605.0207 (3)(b) 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.

If the record specifies a defayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Marsh 10	. 2021
The car	man
Sign	ature of a member or authorized representative of a member
thomas ye	Typed or printed name of signee