W1000108740

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinent Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



000134402760

08/18/08--01035--024 **25.00

2001 AUG 18 AH 9: 2 SECRETARY OF STATE

T. CLINE
AUG 19 2008
EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Mariel Acosta, P.L.	
(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:	
Mariel Acosta-Garcia (Name of Person)	
Mariel Acosta, P.L. (Firm/Company)	
1570 Marxuga Ave Suite 311 (Address)	
COROL Gables, FL 33146 (City/State and Zip Code)	
For further information concerning this matter, please call:	당 # 됩
For further information concerning this matter, please call: Marie Arosta - Garcia at (305) 6/2-1240	
(Name of reison)	
Enclosed is a check for the following amount:	لسيدي.
\$25.00 Filing Fee \$\times \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{Solution} \text{\$\text{Filing Fee & Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\	
Certificate of Status Certified Copy Certificate of Status & Certified Copy Certified Copy	

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

Mariel Acosta,	P.L.
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>LØTØØØ10874</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
Mariel Acosta-Garcia,	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	9485 S.W. 72 STREET
(Principal office address MUST BE A STREET ADD)	RESS) Suite A-258 EE E
Enter new mailing address, if applicable:	MIAM, FL 33193 W
(Mailing address MAY BE A POST OFFICE BOX)	Same as zarative
	ORTE 2
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	•
New Registered Office Address: 947	65 S.W. 72 STREET, Suite A-258 (Enter Florida street address)
M	Gami, Florida 33173
_ -	(City) (Zip Code)
New Desistered Agentle Signature if changing Desistans	nd Agents

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.

(If Changing Registered Agent, Signature of New Registered Agent)

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:

	= Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			SE AND Remove
			Add Remove 27
D. If an	nending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	27
	MGRM Name and as	obress has Changed as	
•	Follows: Mariel	Acosta-Garcia	
	9485	S.W. 72 STREET	
		e A-258	
		m, FL 33173	
Dated _		008.	
	Mul OtoGa Signature of a membe	er or authorized representative of a member	
	Mar Typed	iel Acosta - Garcia d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00