

LO8000026248

(Requestor's Name)

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(City/State/Zip/Phone #)

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TALLAHASSEE FLORIDA

APR 3 - 2008

LAW OFFICES

**DEVORE & DEVORE, P.A.**

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*Please Reply to:*  
Post Office Box 30189  
Palm Beach Gardens, Florida 33420-0189  
[www.visabank.com](http://www.visabank.com)

**Palm Beach Gardens Office**  
2925 PGA Boulevard, Suite 204  
Palm Beach Gardens, Florida 33410  
Tel: (561) 478-5353  
Fax: (561) 478-2144

**Plantation Office**  
8201 Peters Road, Suite 1000  
Plantation, Florida 33324  
Tel: (954) 476-3600  
Fax: (954) 476-3630

March 20, 2008

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Marcus K Consulting LLC**

Dear Sir or Madam:

Enclosed please find the following:

- Articles of Amendment of Articles of Organization of **Marcus K Consulting LLC; and**
- Our check in the amount of \$25.00.

Please be advised that the city of the registered agent should read: **West Palm Beach, Florida 33401.**

Should you have any questions, please do not hesitate to contact this office.

Sincerely,

  
LAURA E. KELLY  
Paralegal

/lek  
Enclosures

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Marcus K Consulting 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:

Laura E. Kelly

(Name of Person)

Devore & Devore PA

(Firm/Company)

PO Box 30189

(Address)

Palm Beach Gardens Florida 33420-0189

(City/State and Zip Code)

For further information concerning this matter, please call:

Laura E. Kelly

(Name of Person)

at ( 561 ) 478-5353

(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

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TALLAHASSEE FLORIDA

Marcus K Consulting LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/12/2008 and assigned  
Florida document number L08000026208.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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:

255 Evernia Street Apartment 1518

*(Enter Florida street address)*

West Palm Beach

*(City)*

, Florida 33401

*(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.*

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

If amending the Managers or Managing Members on our records, enter the 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>
	NONE		
			<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

NONE

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

MARK CHISHOLM

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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