

LD80000056361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EXAMINER

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MyCorporation**  
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26520 Agoura Road  
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e-mail: [info@mycorporation.com](mailto:info@mycorporation.com)

June 19, 2008

Florida Dept. of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Amendment: MARQUIS BUSINESS & FINANCIAL CONSULTING, LLC**

Ladies and Gentlemen:

Please find enclosed for filing two signed originals of the Articles of Amendment for the above-referenced entity.

Also enclosed is a check for \$25.00 as the appropriate filing fee.

Please return all final documentation to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings  
My Corporation Business Services, Inc.  
26520 Agoura Rd.  
Calabasas, CA 91302

**PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO  
THE POST FORMATIONS DEPARTMENT AT 888-692-6771.**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MARQUIS BUSINESS & FINANCIAL 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:

Post Formation Filings

(Name of Person)

MyCorporation

(Firm/Company)

26520 Agoura Road

(Address)

Calabasas, CA 91302

(City/State and Zip Code)

For further information concerning this matter, please call:

Post Formations

(Name of Person)

at ( 818 ) 879-9079

(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**

MARQUIS BUSINESS & FINANCIAL 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 06/06/2008 and assigned  
Florida document number L08000056361.

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 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: \_\_\_\_\_  
(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.*

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

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TALLAHASSEE FLORIDA  
CLERK OF STATE

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>
MGRM	Alan Weiner	7330 Sedona Way Delray Beach, Florida 33446	<input type="checkbox"/> Add <input checked="" 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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 6.23, 2008.



Signature of a member or authorized representative of a member

Steffi Weiner, MGRM

Typed or printed name of signee

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