

LD9000012730

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2009 NOV 16 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 17 2009

EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **MARVELOUS-RUSH CARIBBEAN DELIGHT 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:

DELORIS PETRUS

Name of Person

MARVELOUS-RUSH CARIBBEAN DELIGHT LLC

Firm/Company

2310 US 27 N

Address

SEBRING , FL 33870

City/State and Zip Code

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

For further information concerning this matter, please call:

DELORIS PETRUS

Name of Person

at (**954**)

7014819

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**

FILED

2009 NOV 16 PM 2:54

MARVELOUS-RUSH CARIBBEAN DELIGHT LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/09/2009 and assigned
Florida document number L09000012730.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

RACQUEL LAWES

New Registered Office Address:

3103 HADDOCK DR

Enter Florida street address

SEBRING

, Florida

33870

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.

Racquel Lawes

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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DELORES PETRUS	2551 NW 41 AVE LAUDERHILL, FL 33313	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	HURTON NEMBARD	5318 BRETT CIRCLE SEBRING, FL 33872	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	AVIS NEMBARD	5318 BRETT CIRCLE SEBRING, FL 33872	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ELECIA COLQUHOUN	5318 BRETT CIRCLE SEBRING, FL 33872	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	OPAL LAWES	3103 HADDOCK DR SEBRING, FL 33872	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	RACQUEL LAWES	3103 HADDOCK DR SEBRING, FL 33872	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____, _____.

Racquel Lawes
Signature of a member or authorized representative of a member

RACQUEL LAWES

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA