

W090000049137

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TALLAHASSEE FLORIDA

OCT 28 2014
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mark and Sandy, 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:

Sandra Schneider, trustee

Name of Person

Mark and Sandy, LLC

Firm/Company

1800 NE 114th Street, #2210

Address

North Miami, Florida, 33181

City/State and Zip Code

mikeaaat@att.net

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

For further information concerning this matter, please call:

Sandra Schneider

Name of Person

at **305 895-8823**

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

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2014 OCT 24 PM 12:16
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Mark and Sandy, 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 May 20, 2009 and assigned
Florida document number L09000049137.

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:

Sandra Schneider

New Registered Office Address:

1800 NE 114th Street, # 2210

Enter Florida street address

North Miami

City

Florida 33181

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.

Sandra Schneider
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Sandra Schneider, Trustee</u>	<u>1800 NE 114th Street, # 2210</u>	<input checked="" type="checkbox"/> Add
		<u>North Miami, FI 33181</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Michael Schneider</u>	<u>1800 NE 114th Street, # 2210</u>	<input type="checkbox"/> Add
		<u>North Miami, FI 33181</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>Sandra Schneider, Trustee</u>	<u>1800 NE 114th Street, # 2210</u>	<input checked="" type="checkbox"/> Add
		<u>North Miami, FI 33181</u>	<input type="checkbox"/> Remove
<u>AMBR</u>	<u>Sandra Schneider</u>	<u>1800 NE 114th Street, # 2210</u>	<input type="checkbox"/> Add
		<u>North Miami , FI 33181</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLERK OF DISTRICT COURT
MIAMI, FL

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

Required Signature:

Sandra Schneider, Trustee

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 21, 2014.

Sandra Schneider, Trustee
Signature of a member or authorized representative of a member

Sandra Schneider, trustee

Typed or printed name of signee

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Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE FLORIDA