# L09000108813

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(Requestor's Name)

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(Address)

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(Address)

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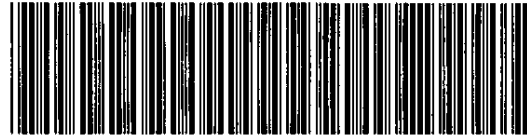(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

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(Business Entity Name)

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(Document Number)

Certified Copies _____    Certificates of Status _____

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TALLAHASSEE FLORIDA

OCT 2 2 2013

D. BRUCE

# COVER LETTER

TO: **Registration Section**
**Division of Corporations**

SUBJECT: **Fremarni 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:

Name of Person

**Lumer Property Management**

Firm/Company

**16300 NE 19th Ave Ste A**

Address

**North Miami Beach, FL 33162**

City/State and Zip Code

**marinakessler@gmail.com**

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

For further information concerning this matter, please call:

**Marina Kessler**          at ( **305** ) **321 0061**

Name of Person          Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                        Certificate of Status      Certified Copy           Certificate of Status &
                                                    (additional copy is enclosed)   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

## Fremarni 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 **11/12/2009** and assigned Florida document number **L09000108813**.

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: _____

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**

**Page 1 of 3**

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|---|---|---|---|
| MGR | Kessver, Marina | 16300 NE 19th Ave Ste A<br>North Miami Beach, FL 33162 | ☐ Add<br>☑ Remove |
| MGR | Kessler, Marina | 16300 NE 19th Ave Ste A<br>North Miami Beach, FL 33162 | ☑ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |

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

_____

_____

_____

_____

_____

Dated **October 16** , **2013** .

_____
Signature of a member or authorized representative of a member

**Marina Kessler**
_____
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: $25.00**