

L11000028565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

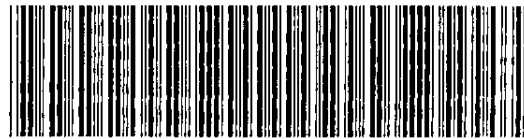
(Business Entity Name)

(Document Number)

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FILED
2011 JUN 15 PM 01:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUN 16 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2011

IVO TRAVNICEK, P.A.
1819 MAIN STREET
SUITE 200A
SARASOTA, FL 34236

SUBJECT: MARSHAL LIMO, LLC
Ref. Number: L11000028565

We have received your document for MARSHAL LIMO, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 411A00012239

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Marshall Limo, 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:

Ivo Travnicki, P.A.
Name of Person

Ivo Travnicki, Attorney at Law
Firm/Company

1819 Main St., Suite 200A
Address

Sarasota, FL 34236
City/State and Zip Code

itravnicki@sarasotabi2law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ivo Travnicki, P.A. at (941) 366-1195
Name of Person 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

2011 JUN 15 PM 10:36

Marshal Limo, 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 3/8/2011 and assigned
Florida document number 611000028565

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)

Marshal Limo, LLC
1410 Commerce Blvd.
Bradenton, FL 34243

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Marshal Limo, LLC
1410 Commerce Blvd.
Bradenton, FL 34243

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

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>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

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

City of Sarasota is incorrect for Principal
address and mailing address
The correct City is Bradenton, FL for
Principal address and mailing address

Dated _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

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TALLAHASSEE, FLORIDA