

L110000037108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5 13 15
TSCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MARIO AUTO AND 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:

MICHAEL K. NARANJIT

Name of Person

ACCOUNTING & TAXES 2000 PLUS, LLC

Firm/Company

16499 NE 19TH AVE., STE 102

Address

NORTH MIAMI BEACH, FLORIDA, 33162

City/State and Zip Code

MICHAEL@TAXES2000PLUS.COM

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

For further information concerning this matter, please call:

MARIUS MARCINKEVICIUS

224 678-5357
at ()

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	MARIUS MARCINKEVICIUS	335 S. BISCAYNE BLVD., #1403	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA, 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	LAURA VETTA	335 S. BISCAYNE BLVD., #1403	<input type="checkbox"/> Add
		MIAMI, FLORIDA, 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SEC. TREASURY OF STATE
 TALLAHASSEE, FLORIDA

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

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TALLAHASSEE, FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MAY 02, 2015

Signature of a member or authorized representative of a member

MICHAEL K. NARANJIT

Typed or printed name of signee