

L110000097184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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16 MAY 23 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/24/16 DS

COVER LETTER

**TO: Registration Section
Division of Corporations**

Marquis Estate Properties LLC

SUBJECT: _____
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:

Melissa Johnson

Name of Person

Firm/Company

2300 NE 49th Street

Address

Lighthouse Point, FL 33064

City/State and Zip Code

pasquerella@icloud.com

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

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16 MAY 23 PM 1:00
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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jeff Pasquerella at (914) 471-0231
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

Marquis Estate Properties 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 8/24/11 and assigned
Florida document number L11000097184

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 contain 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)

2300 NE 49th Street

Lighthouse Point, FL 33064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2300 NE 49th Street

Lighthouse Point, FL 33064

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16 MAY 23 PM 1:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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 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.

If Changing Registered Agent, Signature of New Registered Agent

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>
AMBR	Jeffrey Pasquerella	2300 NE 49th Street	<input checked="" type="checkbox"/> Add
		Lighthouse Point, FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Marilyn Shapiro	5700 NW 24 Ave	<input type="checkbox"/> Add
		Boca Raton, FL 33495	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Bruce Johnson		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Lindsay Johnson		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Melissa Johnson	2300 NE 49th Street	<input checked="" type="checkbox"/> Add
		Lighthouse Point, FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Melissa Johnson		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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16
MAY 20
10
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

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18 MAY 23 PM 1:07
SECRET/NO OF TAT
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 03/01/2016 (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 April 17, 2016

April 17



Melissa Johnson

Signature of a member or authorized representative of a member

Typed or printed name of signee