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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 31 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARCHELLETA 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:

Danny Divito
Name of Person

MARCHELLETA LLC
Firm/Company

2132 RESTON CIRCLE
Address

ROYAL PALM BEACH, FL 33411
City/State and Zip Code

DANNY DIVITO @ me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danny Divito at (861) 644-1562
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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TALLAHASSEE, FLORIDA

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:

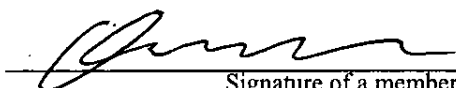
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DANNY DIVITO	2132 RESTON CIRCLE ROYAL PALM BEACH FL 33411 US	☒ Add ☐ Remove
			☐ 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.)

Dated OCTOBER 24TH, 2011



Signature of a member or authorized representative of a member

Danny Divito

Typed or printed name of signee

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