

L12000017000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

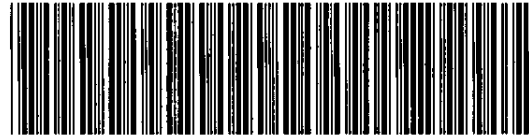
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200245250222

03/04/13--01051--017 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 MAR -4 AM 12:46

C. LEWIS
MAR -5 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Monique Cherise PerezMarini 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:

Monique C. PerezMarini

Name of Person

Monique Cherise PerezMarini LLC

Firm/Company

2490 22nd Ave NE

Address

Naples FL 34120

City/State and Zip Code

moncherip@yahoo.com

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

For further information concerning this matter, please call:

Monique C. PerezMarini at 239 687-9049

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
Check # 302

☐ \$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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 MAR -4 AM 12:46

Monique Cherise PerezMarini 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 02/06/2012 and assigned
Florida document number L12000017000.

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)

1884 Tamiami Trail N

Naples FL 34102

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2490 22nd Ave NE

Naples FL 34120

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2013 MAR -4 AM 12:46

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Eduardo R. Galicia	2490 22nd Ave NE	<input type="checkbox"/> Add
		Naples FL 34120	<input checked="" type="checkbox"/> Remove
MGR	Peter K. Pagoulatos	2490 22nd Ave NE	<input checked="" type="checkbox"/> Add
		Naples FL 34120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

2013 MAR -4 AM 12:46

Dated 02/27/2013

Monique PerezMarini 2/27/13
Signature of a member or authorized representative of a member

Monique C. PerezMarini

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00