## L12000072544

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## **COVER LETTER**

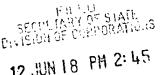
TO: Registration Section Division of Corporations
SUBJECT: JACQUELINE MARCELLE, LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JACQUELINE ATTUN Name of Person
JACQUELINE MARCELLE, LLC Firm/Company
9355 SW 93 PL Address
MIAMI, FL 33176 City/State and Zip Code
JACQUEUNE EJMARCELLE. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JACQUEUNE ATTUN at (305) 213-0781  Name of Person  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \& \text{Certified Copy} \\ (additional copy is enclosed)\$\$ Certified Copy \\ (additional copy is enclosed)\$\$ 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



Jacqueline	MARCELLE, LLC
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L120007254</u>	Company were filed on <u>May 31, 2012</u> and assigned <u>4</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	aited liability company here:
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	7600 SW. 57TH AVE.  SUITE 201
(Principal office address MUST BE A STREET ADD	ressi suite 201
	SOUTH MIAMI, FL 33/43
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office adented Name of New Registered Agent:	stered office address on our records, <u>enter the name of the new</u> lress here:
New Registered Office Address: 7	600 S.W. 57TH AVE. SUITE 201
•	Enter Florida street address

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>	Address	Type of Action
<u>mgl</u> m	Mayda C. Antiun	9355 SW. 93 PL MIAMI, FL 33176	Add Remove
			Add Remove
<del></del>	<del></del>		Add Remove
			Add Remove
			Add Remove
	······································		Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			ELVISION OF ESSANDARY 12 JUN 18 PM 2:1
Dated Ju	ne 12 2017	 Z	- <b>5</b>
*.	Signature of a menuter of JACQU	y authorized representative of a member	<del></del>
_	Typed o	r printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00