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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MARISUECORP, 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:

MARITZA ARAUJO
Name of Person

MARISUECORP, LLC
Firm/Company

2431 NW 59th St. #404
Address

BOCA RATON FL 33496
City/State and Zip Code

MARISUECORP@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARITZA ARAUJO at (305) 9057372
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MARISUECORP, 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 09/18/2012 and assigned Florida document number L1200018940.

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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)

2431 NW 59th St. #404
BOCA RATON FL 33496

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2431 NW 59th St. #404
BOCA RATON FL 33496

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: BEHRENS DE ARAUJO, MARITZA E.

New Registered Office Address: 2431 NW 59th St #404

Enter Florida street address

BOCA RATON Florida FL 33496
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, Thereby 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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>BEHRENS DE ARAUJO MARITZA E.</u>	<u>2431 NW. 59th ST. #404.</u>	<input type="checkbox"/> Add
		<u>BOCA RATON FL. 33496.</u>	<input type="checkbox"/> Remove CHANGE ADDRESS
<u>MGR</u>	<u>ARAUJO, MARIA S.</u>	<u>2431 NW 59th St. #404.</u>	<input type="checkbox"/> Add
		<u>BOCA RATON FL 33496</u>	<input type="checkbox"/> Remove CHANGE ADDRESS
<u>MGR</u>	<u>ARAUJO, ROLANDO</u>	<u>2431 NW 59th St. #404</u>	<input checked="" type="checkbox"/> Add
		<u>BOCA RATON FL. 33496</u>	<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

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 GEORGIA STATE
 TALLAHASSEE, FLORIDA

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

Dated NOV. 5, 2013.

Maritza de Araujo

Signature of a member or authorized representative of a member

MARITZA BEHRENS DE ARAUJO

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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