## \*L 13000035169

| (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: |
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SLURETARY OF STATE TALLAHASSEE, ELORIDA

K.SALY EXAMINER AUG 2 Z 2013



August 6, 2013

MARARI LLC GUSTAVO N NOWOKOLSKI 2607 NE 189 ST. AVENTURA, FL 33180

SUBJECT: MARARI LLC Ref. Number: L13000035169

We have received your document for MARARI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 713A00018847

## **COVER LETTER**

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

| Division of Cor  | porations                                  |  |                         |             |  |
|--|--|--|-------------------------|-------------|--|
| SUBJECT:   | MA   | RARI LLC   |                         |             |  |
| SOBJECT.   |  | ted Liability Company  |                         |             |  |
| The enclosed Articles of                                       | Amendment and fee(s) are sub               | omitted for filing.  |                         |             |  |
| Please return all correspo                                     | ndence concerning this matter              | to the following:  |                         |             |  |
|  | GUS  | TAVO N. NOWOKOLS   | KI                      |             |  |
|  |  | Name of Person   |                         |             |  |
|  | MARARI LLC .                               |  |                         |             |  |
|  |  | Firm/Company   |                         |             |  |
|  | 2607 NE 189 ST                             |  |                         |             |  |
|  |  | Address  |                         |             |  |
|  | А  | VENTURA, FL 33180  |                         |             |  |
|  |  | City/State and Zip Code                                      |                         |             |  |
|  | nti  | capitalpm@gmail.com  | notification)           |             |  |
| For further information c                                      | oncerning this matter, please of           | ·  | ,                       |             |  |
| GUSTAVO  | N. NOWOKOLSKI                              | at (_305_)   | 305-7075                |             |  |
| Name of Person   |  | Area Code & Da   | sytime Telephone Number |             |  |
| Enclosed is a check for t                                      | he following amount:                       |  |                         |             |  |
| \$25.00 Filing Fee   | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is encl | osed) Certified (       | of Status & |  |
| MAILING ADDRESS: Registration Section Division of Corporations |  | STREET/CO<br>Registration S<br>Division of Co                |                         |             |  |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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

| FILED                                       |
|---|
| 13 AUG 21 Du                                |
| SEONE LARY OF STATE<br>SALLAHASSEE, FLORIDA |
| ASSEE, FLORIDA                              |

|   | MARARI LLC   | $r^{S_i}$                 | 1986 / Alay 2                           |
|---|--|---------------------------|---|
| (Name of the Limited I<br>(A)   | Liability Company as it now appear<br>Florida Limited Liability Company) | s on our records.         | TONE TARY OF STATE<br>LAHASSEE, ELORIDA |
| The Articles of Organization for this Limited Lia   | ,  |                           | and assigned                            |
| Florida document numberL13000035  | 169  |                           |   |
| This amendment is submitted to amend the follow   | wing:  |                           |   |
| A. If amending name, enter the new name of  | the limited liability company her  | e:                        |   |
| The new name must be distinguishable and end with "L.L.C."                                | the words "Limited Liability Compa                                       | my," the designation "    | LLC" or the abbreviation                |
| Enter new principal offices address, if applica   | ble:   |                           |   |
| (Principal office address MUST BE A STREET  | ADDRESS)   |                           | •                                       |
|   | <u></u>  |                           |   |
| Enter new mailing address, if applicable:   |  |                           |   |
| (Mailing address MAY BE A POST OFFICE B   |  |                           |   |
|   | · · · · · · · · · · · · · · · · · · ·                                    |                           |   |
| B. If amending the registered agent and/or registered agent and/or the new registered off | r registered office address on o<br>ice address here:                    | our records, <u>enter</u> | the name of the new                     |
| Name of New Registered Agent:   |  |                           |   |
| New Registered Office Address:  |  |                           |   |
|   | En   | ter Florida street add    | tress ·                                 |
|   | City   | , Florida                 | Zin 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 Fur 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 Title Name Address Type of Action MGR TISIANO SOZZI 2607 NE 189 ST ☐ Add Aventura, Fl 33180 ✓ Remove Remove Remove Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AUGUST 1ST Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

MARARI LLC

**Filing Fee: \$25.00**