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COVER LETTER

TO:

Registration Section
Division of Corporations

SHID IF CT.

ON MARK WITH MARK 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:

MARK SYKUTERA

Name of Person

ON THE MARK WITH MARK

Firm/Company

512 armada rd south, apt 7

Address

venice, fl, 34285

City/State and Zip Code

marksykutera@gmail.com

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

For further information concerning this matter, please call:

MARK SYKUTERA

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

ON MARK WITH MA	_				_	
(Name of the Limite)	d Liability Comp. A Florida Limited	any as it now apr Liability Compan	ears on our records.) y)			
The Articles of Organization for this Limited I Florida document numberL130000750	Liability Company	y were filed on _	MAY 21, 2013	3 and	assigne	xd
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited lia	bility company	here:			
ON THE MARK WITH MARK LL	.C.					
The new name must be distinguishable and end w "L.L.C."	ith the words "Lin	nited Liability Con	mpany," the designation	ı "LLC" or t		viation
Enter new principal offices address, if appli	cable:	SAME		EA	FE E	**,***
(Principal office address MUST BE A STRE	ET ADDRESS)			3-51		do damino
				المورد (المورد) المورد المورد المورد المورد	<u>o</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:		SAME		15 (1) (1) (1)	FH 12: 3	
(Mailing address MAY BE A POST OFFICE	(BOX)		······································	ָרֵיז נ <u>ו</u> בֿי	ထ	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:		rę:	en our records, enter Enter Florida street e		e of th	ie new
	·	City	, + ivilua	Zip C	ode:	

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

Title	Name	Address	Type of Action
	SAME		Add
		 	Remove
			Add
			Remove
			Add
			Remove 22
			Add (
			Remove
			Add
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D.	If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	_	
	_	
	_	
)a	ted -	06.22.2013
		M. Stuling
		Signature of a member of authorized representative of a member
		MARK SYKUTERA Typed or printed name of signee

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Filing Fee: \$25.00

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