

L14000060244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

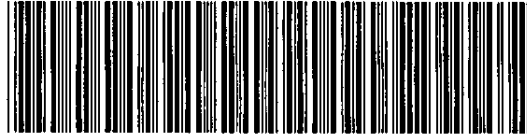
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500276068595

08/21/15--01012--005 **25.00

FILED

2015 AUG 21 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

AUG 25 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SL MARIE 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:

Stephany Leal

Name of Person

SL MARIE LLC

Firm/Company

3211 Ponce de Leon Blvd.

Address

Coral Gables, FL 33134

City/State and Zip Code

Stephany.m.lealb@gmail.com

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

For further information concerning this matter, please call:

Domingo Leal

Name of Person

at (786) 897-9037

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

MGR	Stephany Leal		☐ Add
		7211 SW 78 PL, Miami, FL, 33143	☒ Remove

			☐ Change
--	--	--	---------------------------------

MGR	Domingo Leal	7211 SW 78 PL, Miami, FL, 33143	☒ Add
-----	--------------	---------------------------------	---

			☐ Remove
--	--	--	---------------------------------

			☐ Change
--	--	--	---------------------------------

			☐ Add
--	--	--	------------------------------

			☐ Remove
--	--	--	---------------------------------

			☐ Change
--	--	--	---------------------------------

			☐ Add
--	--	--	------------------------------

			☐ Remove
--	--	--	---------------------------------

			☐ Change
--	--	--	---------------------------------

			☐ Add
--	--	--	------------------------------

			☐ Remove
--	--	--	---------------------------------

			☐ Change
--	--	--	---------------------------------

			☐ Add
--	--	--	------------------------------

			☐ Remove
--	--	--	---------------------------------

			☐ Change
--	--	--	---------------------------------

FILED
2015 AUG 21 PM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2015 AUG 21 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SL MARIE LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
2015 AUG 21 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 14 August 2015 and assigned
Florida document number L14000060244.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: N/A

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable: N/A

(Mailing address **MAY BE A POST OFFICE BOX**)

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: N/A

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 605, 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