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L14000119858
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000186474 3)))



H140001864743ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LEGACY TAX, INC.
Account Number : I20120000069
Phone : (561) 683-3000
Fax Number : (561) 965-0938

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: arnaldo@lfpfinancial.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MARCOL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

14 AUG -7 AM 11:08

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

14 AUG -8 PM 4:11

FILED
STATE OF FLORIDA
DIVISION OF CORPORATIONS

08/8/2014

12:23

TO: 18508176380 FROM: 5619650938

Page: 4

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MARCOL, 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:

ARNALDO J COUCELO

Name of Person

LEGACY TAX INC

Firm/Company

1818 SO AUSTRALIAN AVE, 202

Address

WEST PALM BEACH, FL 33409

City/State and Zip Code

ARNALDO@LFPFINANCIAL.COM

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

For further information concerning this matter, please call:

ARNALDO COUCELO

Name of Person

at **(561) 683-3000**

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

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08/8/2014 12:23
850-817-6381

TO:18506176380 FROM:5819850938
8/8/2014 2:26:40 PM PAGE 1/001

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Fax Server



August 8, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MARCOL, LLC
480 HIBISCUS ST
725
WEST PALM BEACH, FL 33407

SUBJECT: MARCOL, LLC
REF: L14000119858

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H14000186474
Letter Number: 414A00017080

RECEIVED
14 AUG -8 PM 4:58
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

14 AUG -8 PM 4:11
SECRETARY OF STATE
DIVISION OF CORPORATIONS

P.O. BOX 6327 - Tallahassee, Florida 32314

08/8/2014

12:23

TO:18508178380 FROM:5619850938

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H140001864743

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

MARCOL, 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 07/30/2014 and assigned
Florida document number L14000119858

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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

City

Florida

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

Page 1 of 3

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	NICOLE MARSHALL	480 HIBISCUS ST	<input type="checkbox"/> Add
		APT 725	<input checked="" type="checkbox"/> Remove
		WEST PALM BEACH, FL 33407	
MGR	NICOLE MARSHALL	480 HIBISCUS ST	<input checked="" type="checkbox"/> Add
		APT 725	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33407	
AMBR	STEPHANIE MARSHALL	480 HIBISCUS ST	<input checked="" type="checkbox"/> Add
		APT 725	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33407	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 AUG - 8 PM 4: 11

SECTION OF STATE
DIVISION OF CORPORATIONS

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

N/A

E. Effective date, if other than the date of filing: 08/08/2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 08/07 2014


Stephanie Marshall

Typed or printed name of signer

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Filing Fee: \$25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 AUG - 8 PM 4:11

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