

#L15000007357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FILED
2015 JUN 22 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN 24 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

Marque 2, LLC

SUBJECT: _____
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:

Maite Miranda-Paz

Name of Person

Firm/Company

9800 SW 71 AVE

Address

Pinecrest, Florida 33156

City/State and Zip Code

matecocido2@gmail.com

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

For further information concerning this matter, please call:

Maite Miranda-Paz 305 519-4222

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

**TO
ARTICLES OF ORGANIZATION
OF**

MARQUE 2, LLC

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

FILED
2015 JUN 22 AM 9:34

The Articles of Organization for this Limited Liability Company were filed on 1/13/2015 and assigned
Florida document number L15000007357

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 contain 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)

Enter new mailing address, if applicable:

(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:

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

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	JAVIERA BALMACEDA	1710 HERNANDO STREET	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FERNANDO GASTON	1710 HERNANDO STREET	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2011 JUN 2 AM 11:34
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CITY OF MIAMI
OFFICE OF THE
TREASURER
1401 BICKELT STREET, FL 33134

Filing Fee: \$25.00