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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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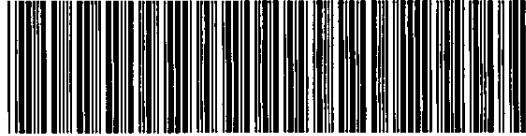
(Business Entity Name)

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TALLAHASSEE, FLORIDA

T. Burch APR 27 2015

COVER LETTER

TO: Registration Section
Division of Corporations

MARIE RODRIGUEZ, 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:

MARIE RODRIGUEZ

Name of Person

MARIE RODRIGUEZ, LLC

Firm/Company

6443 JEWELFISH CAY AVENUE

Address

LANTANA, FLORIDA 33462

City/State and Zip Code

Marie J Rodriguez
E-mail address: (to be used for future annual report notification)
marie.jr@jmail.com

For further information concerning this matter, please call:

Marie Rodriguez

Name of Person

Area Code

at ()

561 360-6158

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

MARIE RODRIGUEZ, LLC

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CLAUDELYNE C. FINANCE	6443 JEWELFISH CAY AVENUE	☒ Add
		LANTANA, FL, 33462	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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STATE OF FLORIDA
DEPARTMENT OF
REVENUE
TALLAHASSEE, FLORIDA
MAY 14 2008
15 00 PM

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

E. Effective date, if other than the date of filing: _____
(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 4-9-15

Marie Rodriguez
Signature of a member or authorized representative of a member

MARIE RODRIGUEZ

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

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15 APR 14 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA