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(Re	questor's Name)	
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SECRETARY OF STATE
AND ANAROSE FINANCE.

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S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor			·		
MARLEIF SUBJECT:	HENRIKSEN, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	RICARDO LESTEIRO				
		Name of Person			
	MARLEIF HENRIKSEN,	LLC			
		Firm/Company			
	4817 N HALE AVE				
		Address			
	TAMPA, FL 33614		VI SE		
	general.henriksen@gmail.c		LLAHA LLAHA	NO -	Т
		to be used for future annual report notifi	cation) SS	- G	エートこ
For further information c	oncerning this matter, please co	all:			
RICARDO LESTEIRO		813 203-0495 at ()		- - - -	
Name o	f Person	Area Code Daytime	Telephone Number	œ	
Enclosed is a check for th	ne 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 Fe Certificate of S Certified Copy (additional copy is	tatus &	

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

MARLEIF HENRIKSEN, LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Clorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	4804 - 170 - 1704 - 4	
		ZE 5
Enter new mailing address, if applicable:		ES S T
Mailing address MAY BE A POST OFFICE BOX)		瑟二 一
		CHO CH
	-	四次 圣
3. If amending the registered agent and/or registered	d office address on our records,	enter the name of the
egistered agent and/or the new registered office address	<u>here</u> :	8 mg
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	City	Zin 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

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>	Address	Type of Action
MGR	RICARDO LESTEIRO	4718 WHISPERING WIND AVE.	= Add
		TAMPA, FL 33614	☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
	* · · · · · · · · · · · · · · · · · · ·		Add
			Remove CREATE Change
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		LORIDA	8
fecti	ve date, if other than the date of filing: (option	nai)	
ote:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after If the date inserted in this block does not meet the applicable statutory filing requirements, this ent's effective date on the Department of State's records.		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a 90th day after the record is filed.	.m. on the	e earlier o
ated .			
	Signature of a member or authorized representative of a member		
	MARLEIF HENRIKSEN LAREZ		

Page 3 of 3

Filing Fee: \$25.00