

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.

(((H16000140013 3)))



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 : MARLOWE & WEATHERFORD, P.A.

Account Number : 120020000088 Phone : (407)629-5008 Fax Number : (407)740-0310

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

Email Address: jeff.sweeney@cushwake.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARJE DOS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

(*((ዘ16000140013 3)ን) ፣

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marje Dos, LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L16000101601	Company were filed on May 20, 2016	and assigned
This amendment is submitted to amend the following:		
lorida document number L16000101601 his amendment is submitted to amend the following: 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." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
The new name must be distinguishable and contain the words "Lie	mited Liability Company," the designation "LLC" or the s	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		the name of the ne
Name of New Registered Agent:		33 5
New Registered Office Address:	Enter Florida sveet address	The same
	. Florida	ONLY CO
	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

(((H16000140013 3)))

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>	Name	<u>Address</u>	Type of Action
MGR	Alicia M. Sweeney	311 Santiago Drive	Add
		Winter Park, FL 32789	☐ Remove
			☐ Change
MGR	Jeffrey S. Sweeney	311 Santiago Drive	
		Winter Park, FL 32789	■ Remove
			☐ Change
			□ Add
			☐ Remove
			D Change
			Remove
			☐ Change
			DAdd
			Remove
			_ □ Change
			□ Add
			☐ Remove
			□ Change

(((H16000140013 3)))

	. <u></u>				
		<u> </u>			
	<u>-</u>		·		
				· ,	
					
					
	·				 -
	·				
					 -
				<u> </u>	 ;
					Mnc
		, ,		355	(D)
				THO	Also Tit
				<u> </u>	<u> </u>
				3	\$ 3
	·			7.5	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be lote: If the date inserted in this block does not meet the beament's effective date on the Department of State's represent the specific and cannot be record specifies a delayed effective date, but The 90th day after the record is filed.	applicable state ecords.	tutory filing requi	rements, this date	2) Pursuant e will not b	ic listed b
lated June 8	i				
	· · · · · · · · · · · · · · · · · · ·				
Signature of a member	or authorized re	presentative of a mo	ember		

((H16000140013 3))) Page 3 of 3

Filing Fee: \$25.00

