116000145227

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(Requestor's Name)	
(Address)	ii -
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	atus
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J. HAPPELS

COVER LETTER

	Division of Corp			
em we	TUTTI MAF	I I		
SUBJEC	Т:	Name of Lin	nited Liability Company	
The enclo	sed Articles of A	inendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspon	dence concerning this matter	to the following:	
		DONALD PORGES		
			Name of Person	
		MP FINANCIAL SERVE	CES LLC	
			Firm/Company	
		1880 N CONGRESS AVI		
			Address	
		BOYNTON BEACH, FL		
			City/State and Zip Code	
		deisenberg@dporges.com E-mail address:	(to be used for future annual report not	fication)
For furthe	er information co	ncerning this matter, please (call:	
DEBBIE	EISENBERG		561 737-5568	
Name of Person		Person	at ()	e Telephone Number
Enclosed	is a check for th	e following amount:		
⊟ \$25.0	00 Filing Fee	Certificate of Status	☐ \$55,00 Fiting 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		ntion Section n of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle



FLORIDA DEPARTMENT OF STATE | Division of Corporations

August 18, 2017

DONALD PORGES
MP FINANCIAL SERVICES LLC
1800 N CONGRESS AVE, SUITE 215
BOYNTON BEACH, FL 33426

SUBJECT: TUTTI MAR LLC Ref. Number: L16000145227

We have received your document for TUTTI MAR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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

Letter Number: 017A00016988

II SEP 19 AN ID: 58
EUX. OF CARDA

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TUTTI MAR LLC	
(Name of the Limited I	Jability Company as it now appears on our records.) Florida Limited Liability Company)
Li Li	lity Company were filed on AUGUST 3, 2016 and assigned
Florida document number L16000145227	·
This amendment is submitted to amend the fallowi	ng:
A. If amending name, enter the new name of th	e limited liability company here:
MARELLE I LLC	
The new name must be distinguishable and contain the words	s "Limited Liebility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	
(Principal office address MUST BE A STREET A	ADDRESSI ZNO FLOOR
	DELRAY BEACH, FL 33444
Enter new mailing address, if applicable:	(SAME AS ABOVE)
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the name of the new</u> e <u>address here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida Zip Cede
	•
New Registered Agent's Signature, if changing Reg	
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, if this document is distered office address, I hereby confirm that the limited liability ange.
	26
	If Changing Registered Agent, Signature of New Registered Agent
	Out -

Page 1 of 3

MGR = N	Ianager		
$\mathbf{AMBR} = A$	Authorized Member		
<u>l'itle</u>	<u>Name</u>	Address	Type of Action
AMBR	CYRUS PAKRAVAN	1180 SW 10TH STREET	
		DELRAY BEACH, FL 33444	☐ Remove
			■ Change
			□ Remove
			☐ Change
			
			☐ Remove
			□ Change
		-	
		☐ Remove	
		Change	
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		Remove Trans	
·····			
			☐ Remove
			☐ Change

. ' '	
D. If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
	. <u> </u>
E. Effective date, if other than the date of fil	ling:(optional)
(It an effective date is listed, the date must be specific	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
document's effective date on the Department of	t meet the applicable statutory filing requirements, this date will not be listed as the State's records.
	e date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is file	ેત. !
/ August 11	7317
Dated 8 1	7. 2017
	A A
Signatur o	a combet or substituted representative or member
	SS SS
	If Typed or printed name of surger
	Filing Fee: \$25.00