

L17000012080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

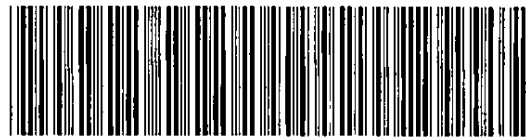
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



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06/19/17--01024--027 \*\*60.00

FILED  
17 JUN 19 PM 2:30  
TALLAHASSEE, FLORIDA

S. WARREN

JUN 20 2017

**MORELL & MORELL, LLC.**  
**388 N. Palm Villas Way**  
**Palm Springs, FL 33461**  
**Tel: (561) 582-5599**

May 16, 2017

Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: **MORELL & MORELL PROPERTIES, LLC.**  
Doc: **#L17000012080**

To Whom It May Concern:

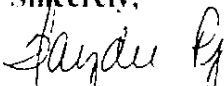
The purpose of this letter is to inform the Division of Corporations, Corporate Filings Unit that we would like to amend the above-captioned corporation and have one of the Managers removed.

We are also enclosing a self-addressed, postage paid Priority Mail envelope so that the amended documents may be received as soon as possible as the Amendment is required my legal proceedings.

We have enclosed a check in the amount of \$60.00 for the required Filing Fee, Certificate of Status and Certified Copy. An additional copy is enclosed.

We thank you in advance for your expeditious assistance in this matter. Should you require any additional information, please feel free to contact me at the number indicated above.

Sincerely,



Haydee Perez, Registered Agent

HP; ow

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MORELL & MORELL PROPERTIES, LLC

\_\_\_\_\_  
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:

HAYDEE PEREZ

\_\_\_\_\_  
Name of Person

IMMIGRATION & INCOME TAX SERVICE ASSOCIATES, INC.

\_\_\_\_\_  
Firm/Company

6415 S. DIXIE HIGHWAY

\_\_\_\_\_  
Address

WEST PALM BEACH, FL 33405

\_\_\_\_\_  
City/State and Zip Code

CUBANITA1967@YAHOO.COM

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

For further information concerning this matter, please call:

HAYDEE PEREZ

561

582-5599

at ( )

\_\_\_\_\_  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MORELL & MORELL PROPERTIES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on JANUARY 14, 2017 and assigned  
Florida document number L17000012080.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

---- N/A ----

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:

---- N/A ----

New Registered Office Address:

---- N/A ----

*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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	DULCE M. MORELL	388 N. PALM VILLAS WAY	<input type="checkbox"/> Add
		PALM SPRINGS, FL 33461	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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CLERK OF DISTRICT COURT  
JULIA A. GIBSON

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

--- N/A ---

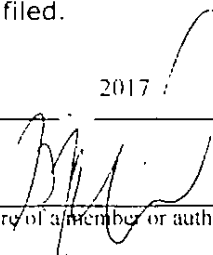
**E. Effective date, if other than the date of filing: MARCH 1, 2017 (optional)**

(If 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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated MAY 15 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MICHAEL MORELL

\_\_\_\_\_  
Typed or printed name of signee

FILED  
17 JUN 19 PM 2:30  
CLERK OF THE COURT  
STATE OF FLORIDA