117000211919

(F	Requestor's Name)	
<u>A)</u>	Address)	
(A	Address)	
(0	City/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(E	Business Entity Name	e)
(0	Occument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions t	o Filing Officer:	

Office Use Only



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November 7, 2017

MARIA BERMUDEZ 13024 SW 90 CT MIAMI, FL 33176

SUBJECT: MARIA ALEJANDRA BERMUDEZ, LLC

Ref. Number: L17000211919

We have received your document for MARIA ALEJANDRA BERMUDEZ, 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L12000027039.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

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Letter Number: 317A00022487

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARIA ALEJANDRA BERMUDEZ, LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>x.</u>)
The Articles of Organization for this Limited Liability C	ompany were filed on 10/13/2017	and assigned
Horida document number L17000211919		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
MARCOIS. LLC		
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	(ESS)	5 4
		5
		11001 20
Enter new mailing address, if applicable:		را ه۔
Mailing address MAY BE A POST OFFICE BOX)		
maning address sign be a roof or rice box		<u>ක්</u>
		
 If amending the registered agent and/or regist registered agent and/or the new registered office addr 		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<u> </u>
	, Flo	orida
	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>	Address	Type of Action
			□ Remove
			Change
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ctive date, if other than the date of filing:	(ontional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or me: If the date inserted in this block does not meet the applicable statutory filin iment's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective the 90th day after the record is filed.	ime, at 12:01 a.m. on the	earlier
OCTOBER 27TH 2017		
allh do	of a member	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee