

1800004720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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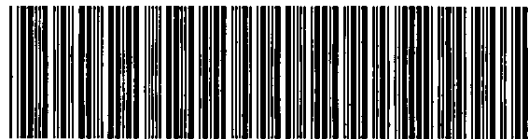
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 FEB 26 PM 7:21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mari Pearl 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:

Consuelo Vargas
Name of Person
Mari Pearl, LLC
Firm/Company
16551 Blatt Blvd, Unit 201
Address
Weston, FL 33326
City/State and Zip Code
meetmaripearl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Consuelo^M Vargas at 954 357-2885
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

Mari Pearl, LLC

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

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18 FEB 26 PM 7:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 5, 2018 and assigned
Florida document number L18000004720.

This amendment is submitted to amend the following:

A. 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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

16551 Blatt Blvd, Unit 201
Weston, FL 33326

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16551 Blatt Blvd, Unit 201
Weston, FL 33326

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:

Consuelo M. Vargas

New Registered Office Address:

16551 Blatt Blvd, Unit 201

Enter Florida street address

Weston

City

, Florida

33326

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.

Consuelo M. Vargas

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	Consuelo M. Vargas	11851 Blatt Blvd Unit 201 Weston, FL 33326	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	Connie Vargas	12642 NW 15th St Sunrise, FL 33323	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
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