

L180000019345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

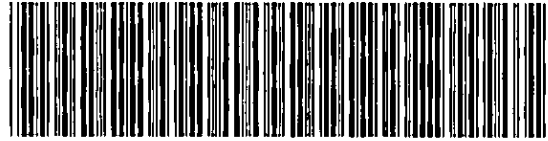
(Business Entity Name)

(Document Number)

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03/16/22--010101

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 MAR 16 PM 3:22

FILED

A. BUTLER

MAR 29 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MURTELL INDUSTRIES, 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:

ANNA SCIOTTI

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

MURTELL INDUSTRIES, LLC

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

3445 SW 3RD ST

\_\_\_\_\_  
Address

DEERFIELD BEACH, FL 33442

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

ANNASCIOTTI@OUTLOOK.COM

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

For further information concerning this matter, please call:

ANNA SCIOTTI

561 866-5432  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

**FILED**

MURTELL INDUSTRIES, LLC

2022 MAR 16 PH 3:22

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

(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/22/2018 and assigned  
Florida document number L18000019345.

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)**

**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:

ANNA SCIOTTI

New Registered Office Address:

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	ANNA C MURRAY	344 SW 3RD ST	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ANNA SCIOTTI	3445 SW 3RD ST	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ANNA C. MURRAY LEGAL NAME CHANGE TO ANNA SCIOTTI. SEE ATTACHED MARRIAGE  
CERTIFICATE & UPDATED DRIVER'S LICENSE.

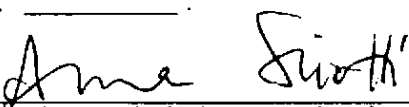
**E. Effective date, if other than the date of filing:** 3/3/2022 **(optional)**

*(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 MARCH 3 2022

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

ANNA SCIOTTI

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

STATE OF FLORIDA  
MARRIAGE RECORDTYPE IN UPPER CASE  
USE BLACK INKThis license not valid unless seal of Clerk,  
Circuit or County Court appears thereon

(STATE FILE NUMBER)



CFN 20210565686

OR BK 33131 PG 0739

RECORDED 12/13/2021 08:55:09

Palm Beach County, Florida

Joseph Abruzzo, Clerk

Pg 0739; (1pg)

50-2021-ML-009900-XXXX-SB

(APPLICATION NUMBER)

## APPLICATION TO MARRY

1 NAME OF SPOUSE (First Middle Last) BRANDON ROBERT SCIOTTI		1d MAIDEN SURNAME (if applicable)	2 DATE OF BIRTH (Month Day Year) DECEMBER 23, 1983
3a RESIDENCE - CITY, TOWN OR LOCATION BOCA RATON	3b COUNTY PALM BEACH	3c STATE FL	4 BIRTHPLACE (State or Foreign Country) MICHIGAN
5 NAME OF SPOUSE (First Middle Last) ANNA CARMELA MURRAY		5d MAIDEN SURNAME (if applicable) PISCITELLI	6 DATE OF BIRTH (Month Day Year) SEPTEMBER 26, 1985
7a RESIDENCE - CITY, TOWN OR LOCATION DEERFIELD BEACH	7b COUNTY BROWARD	7c STATE FL	8 BIRTHPLACE (State or Foreign Country) FLORIDA

WE, THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF; THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

SIGNATURE OF SPOUSE (Use full name using black ink)

TITLE OF OFFICIAL  
Deputy Clerk

SIGNATURE OF SPOUSE (Use full name using black ink)

TITLE OF OFFICIAL  
Deputy Clerk10 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)  
DECEMBER 13, 2021

12 SIGNATURE OF OFFICIAL (Use black ink)

14 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)  
DECEMBER 13, 2021

16 SIGNATURE OF OFFICIAL (Use black ink)

## LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

COUNTY ISSUING LICENSE  
Palm Beach County16 DATE LICENSE ISSUED  
DECEMBER 13, 202118a DATE LICENSE EFFECTIVE  
DECEMBER 13, 202119 EXPIRATION DATE  
FEBRUARY 11, 2022

20a SIGNATURE OF COURT CLERK OR JUDGE

20b TITLE  
Clerk of Court20c BY D.C.  
TJP

## CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

DATE OF MARRIAGE (Month Day Year)  
DEC 13 202122 CITY, TOWN OR LOCATION OF MARRIAGE  
Delray Beach, FL

SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)

23c ADDRESS (Of person performing ceremony)

200 W. Atlantic Avenue, Delray Beach, FL 33444

25 NAME AND TITLE OF PERSON PERFORMING CEREMONY  
(or notary stamp)Tania J. Pearson  
Deputy Clerk

24 SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

25 SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

STATE OF FLORIDA - PALM BEACH COUNTY

I hereby certify that the foregoing is a true copy of the record in my office with redactions, if any as required by law.

THIS 13 DAY OF DEC, 2021

JOSEPH ABRUZZO

CLERK OF THE CIRCUIT COURT &amp; COMPTROLLER

By: Tania J. Pearson  
Deputy Clerk