

118000073356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

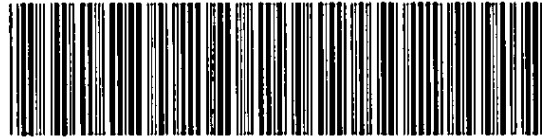
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2018

ALINA MARGIOTTA
12008 SOUTH SHORE BLVD, STE 210
WELLINGTON, FL 33414

SUBJECT: M ENEMS, LLC
Ref. Number: L18000073356

We have received your document for M ENEMS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

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

Octavia L Simmons
Regulatory Specialist III

Letter Number: 518A00010340

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2018 MAY 29 PM 2:32
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL



John F. Froehlich, CPA, CGMA
Licensed in Florida & New York

Beatriz De La Rua, CPA, MACct, CGMA

May 23, 2018

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Corp Ref #: L18000073356
LLC Name: M ENEMS, LLC
Re: Amendment of Articles for Name Change

Dear Sir or Madam:

As per your letter dated 05/17/18, please find enclosed the Amendment forms with the correction of LLC name as it currently stands as M ENEMS, LLC. The Tax Payer would like to change the name to read as follows and as listed on name change line of the amendment forms enclosed: SCHIEFELE LLC.

Thank you for advising of the typo and pleas proceed with the amendment at your earliest convenience.

Thank you for your time and attention.

Respectfully,

Alina Maria Brizzard Margiotta
Office Manager
Froehlich & De La Rua, CPA Firm LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M AND M'S 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:

ALINA MARIA BRIZZARD MARGIOTTA

Name of Person

FROEHLICH & DE LA RUA, CPA FIRM LLC

Firm/Company

12008 SOUTH SHORE BLVD, STE 210

Address

WELLINGTON, FL 33414

City/State and Zip Code

ADMIN@FROEHLICHCPA.COM

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

For further information concerning this matter, please call:

JOHN F FROEHLICH, CPA

561 at ()

795-9500

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

M ENEMS, 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 03/21/2018 and assigned
Florida document number L18000073356.

This amendment is submitted to amend the following:

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

SCHIEFELE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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: _____

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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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.

Dated MAY 1 , 2018

Signature of a member or authorized representative of a member

MELANIE & MARKUS J SCHIEFELE

Typed or printed name of signee