

LI8000145204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

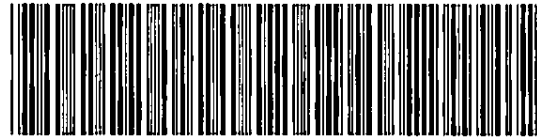
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



600320643416

11/13/18--01024--007 ++55.00

2018 FEB 05 P 12:19

FEB 05 2019
T. LEWIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARJO GROUP 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:

WALDENIO DE FARIAS

Name of Person

MARJO GROUP LLC

Firm/Company

11555 HERON BAY BLVD 200

Address

CORAL SPRINGS FL 33076

City/State and Zip Code

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

For further information concerning this matter, please call:

WALDENIO DE FARIAS

561 3036855
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2016

WALDEN DE FARIAS
11555 HERON BAY BLVD STE 200
CORAL SPRINGS, FL 33076

SUBJECT: MARJO GROUP LLC
Ref. Number: L18000145204

We have received your document for MARJO GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a LLC the document you sent in is for a Profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 218A00024308

RECEIVED

2019 FEB -1 PM 2:17

SECRETARY
TALLAHASSEE

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

MARJO GROUP LLC

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

2018 06/12/19

The Articles of Organization for this Limited Liability Company were filed on 06/12/2018 and assigned
Florida document number L18000145204.

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)

11555 HERON BAY BLVD 200

CORAL SPRINGS FL 33076

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11555 HERON BAY BLVD 200

CORAL SPRINGS FL 33076

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:

WALDENIO DE FARIAS

New Registered Office Address:

5409 WILES RD 204

Enter Florida street address

COCONUT CREEK

City

Florida 33073

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	DJALMA DOS SANTOS	NA PROF LUIZ CARLOS 129 TAQUARITINGA DO NORTE PE 55790-000 BR	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	WALDENIO DE FARIAS	5409 WILES RD 204 COCONUT CREEK FL 33073	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

(b) The 90th day after the record is filed.

Signature of a member of authorized

Signature of a member or authorized representative of a member

WALDENIO DE FARIAS

Typed or printed name of signee