

L18000249447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

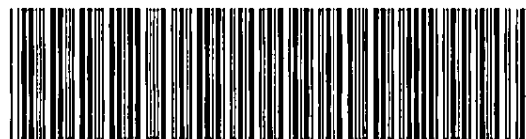
(Business Entity Name)

(Document Number)

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DEC 16 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 21, 2018

ANTHONY MARESCA  
10514 WHISPERING HAMMOCK DR  
RIVERVIEW, FL 33578

SUBJECT: DEL-MAR MANAGEMENT, LLC  
Ref. Number: L18000249447

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

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 318A00023951

2018 DEC -7 AM 10:10

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DEL-MAR MANANGMENT, 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:

ANTHONY MARESCA

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

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

10514 WHISPERING HAMMOCK DR

\_\_\_\_\_  
Address

RIVERVIEW, FL 33578

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

anthonymaresca.realtor@gmail.com

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

For further information concerning this matter, please call:

ANTHONY MARESCA

at ( 845 ) 263-4955

\_\_\_\_\_  
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**

DEL-MAR MANAGEMENT, 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 10/22/18 and assigned  
Florida document number 18000249447.

This amendment is submitted to amend the following:

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

ANTHONY J MARESCA, LLC

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:

ANTHONY J MARESCA

New Registered Office Address:

10514 WHISPERING HAMMOCK DR

Enter Florida street address

RIVERVIEW

City

Florida 33578

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	ANTHONY J MARESCA	10514 WHISPERING HAMMOCK DR	<input type="checkbox"/> Add
		RIVERVIEW, FL 33578	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MICHELLE M MARESCA	10514 WHISPERING HAMMOCK DR	<input type="checkbox"/> Add
		RIVERVIEW, FL 33578	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.)

FIN # 83-2346237

19 OCT 1 18 12:35

10/22/18

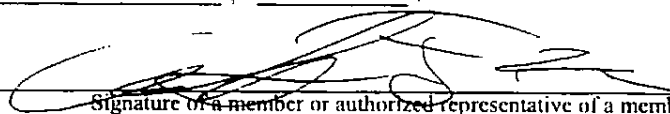
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 10/29 2018

  
Signature of a member or authorized representative of a member

ANTHONY J MARESCA

Typed or printed name of signee