

L18000281003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

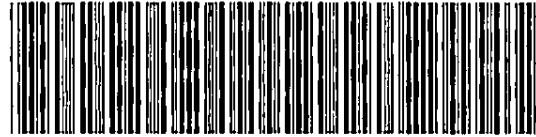
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/18/19--01008--021 **60.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JAN 18 A 2:59

FILED

1/28/19 DS

Marcglow Enterprises LLC

4021 North Taggart Cay - Apt 201 / Sarasota, Florida, FL34233

cflorian69@hotmail.com 941-726-2976



Registration Section
Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314

I am writing about the change in the name of my company. *Marcglow Enterprises LLC* was registered as "Enterprises" in the IRS (Department of the Treasury - Internal Revenue Services – Cincinnati); with Employer Identification Number 83-2334536. Date of notice, October 26, 2018.

On December 06, I registered my company in the Division of Corporations of the state of Florida. They sent me a letter (Certificate of Status) with an error in the name, it is "Marcglow Company LLC". My Document Number is: L1800281003. I have to change "Company" as "Enterprises".

FILED
2019 JAN 8
TALLAHASSEE, FL
59

A handwritten signature in black ink, appearing to be 'Carlos Florian'.

Carlos Florian

Cellphone 941-726-2976

cflorian69@hotmail.com

Sarasota, January 11, 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARCGLOW ENTERPRISES 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:

CARLOS ARTURO FLORIAN IKEHARA

Name of Person

Firm/Company

4021 NORTH TAGGART CAY APT 201

Address

SARASOTA / FLORIDA / FI34233

City/State and Zip Code
cflorian69@hotmail.com

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

For further information concerning this matter, please call:

CARLOS FLORIAN IKEHARA

941

726-2976

Name of Person

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

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2019 JAN 18 A 2:59
TALLAHASSEE, FL 32301

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

MARCGLOW COMPANY 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 DECEMBER 06, 2018 and assigned
Florida document number L18000281003.

This amendment is submitted to amend the following:

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

MARCGLOW ENTERPRISES 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:

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

FILED
2009 JAN 8
1411 N 35th St
Phoenix, AZ 85018
2009 JAN 8

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

2013 JAN 18 3 00 PM
U.S. DEPT. OF JUSTICE
FBI - NEW YORK

7700

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 _____, _____.

Signature of a member or authorized representative of a member

CARLOS ARTURO FLORIAN IKEHARA

Typed or printed name of signee