

L190000 28463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

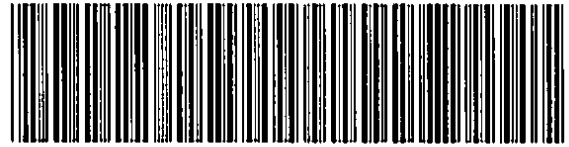
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/24/20--01015--005 **35.00

FILED
2020 APR -2 PM 2:02
01015

Amend

APR 02 2020
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michele De Maria Design, 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:

Michele De Maria
Name of Person

Michele De Maria Design
Firm/Company

6901 Almansa St
Address

Coral Gables, FL 33146
City/State and Zip Code

msdemaria@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michele De Maria at (786) 358-8722
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 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 Address:

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



2020 APR -01 11:19

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2020

MICHELLE DE MARIA
6901 ALMANSA ST
CORAL GABLES, FL 33146

SUBJECT: MICHELE DE MARIA DESIGN LLC
Ref. Number: L19000028463

We have received your document for MICHELE DE MARIA DESIGN 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):

You failed to make the correction(s) requested in our previous letter.

The form you submitted is for a Foreign Limited Liability Company, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 120A00006390



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2020

MICHELE DE MARIA
6901 ALMANSA ST
CORAL GABLES, FL 33146

SUBJECT: MICHELE DE MARIA DESIGN LLC
Ref. Number: L19000028463

We have received your document for MICHELE DE MARIA DESIGN 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):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 120A00005891

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

Michele De Maria Design LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 APR -2 PM 2:02
ALL AMENDMENTS

The Articles of Organization for this Limited Liability Company were filed on MARCH 28, 2020 and assigned
Florida document number L19 0000 28463

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)

Michele De Maria
6901 Almansa St
Coral Gables, FL 33146

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:

Michele De Maria

New Registered Office Address:

6901 Almansa St

Enter Florida street address

Coral Gables

City

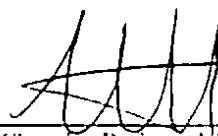
Florida

33146

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


[illegible]

[illegible]

(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)

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.

March 28, 2015



Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00