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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Maria of Limited Liability Company  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:
Sherry Name of Person
ALA Tax & Bookkeeping Firm/Company
PO Box 1888 Address
Ocmand Beach F1 32175  City/State and Zip Code  ALA Tax Help Qual 1 com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sherry at (366) 441-1100 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Solution Status Sol

## 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

Maria's (Name of the Limited Li	Treasures by the Sea LLC  Jability Company as it now appears on our records.  Torida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 190055	00/100/00
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the Marie's Treasure  The new name must be distinguishable and contain the words	e limited liability company here:  Shape Sea, LLC  "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A.	(DDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	ED PH 6: 25
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new 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.

H 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>	Address	Type of Action	
<del></del>		<del></del>	Add	
			□ Remove	
		•	Change	
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			Remove	
		-	Change	
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			☐ Change	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:  (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)(  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 March (5t . 2019.
Signature of a member or authorized representative of a member
Sherry Ellis Typed or printed name of signee

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Filing Fee: \$25.00