

L19000234541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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*Handwritten signature*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2023

MARIBEL TORRES  
4206 BIRKDALE DRIVE  
FORT PIERCE, FL 34947

SUBJECT: MARIBEL TORRES SCHNUER LLC  
Ref. Number: L19000234561

We have received your document for MARIBEL TORRES SCHNUER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 223A00011573

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Maribel Torres Schnuer LLC CHANGE NAME to MARIBEL TORRES 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:

Maribel Torres

Name of Person

Maribel Torres LLC

Firm/Company

4206 Birkdale Drive

Address

Fort Pierce, FL 34947

City/State and Zip Code

maribel4realestate@gmail.com

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

For further information concerning this matter, please call:

Maribel Torres

Name of Person

at ( 561 )

Area Code

720-7773

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

Check # 1086  
deposited 3-28-23  
cleared 3-30-23

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

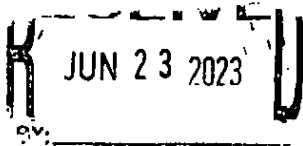
☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

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



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

**MARIBEL TORRES SCHNUER 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 9/17/2019 and assigned  
Florida document number L19000234561

This amendment is submitted to amend the following:

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

**MARIBEL TORRES 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)

Maribel Torres LLC

1775 SW Gatlin Blvd

Port St. Lucie, FL 34953

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

Maribel Torres LLC

1775 SW Gatlin Blvd

Port St. Lucie, FL 34953

**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:

Maribel Torres

New Registered Office Address:

1775 SW Gatlin Blvd

Enter Florida street address

Port St. Lucie

City

Florida

34953

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.*

Maribel Torres

**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>
	NONE! Not Adding. Not Removing. (Just Name Change)		<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"/> Change

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(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.

Dated June 21, 2023

Maribel Torres

Signature of a member or authorized representative of a member

**Maribel Torres**

Typed or printed name of signee