

L19000 241 690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

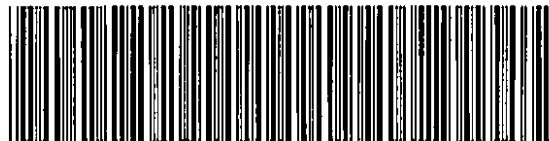
(Business Entity Name)

(Document Number)

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TOLSON

Y SULKER

OCT 11 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MARMAX 1208 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:

Maria M. Calderon

Name of Person

Law Office of Valeria Schwartzman, P.A.

Firm/Company

12550 Biscayne Blvd, Suite 406

Address

North Miami, Florida 33181

City/State and Zip Code

maria@schvlaw.com

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

For further information concerning this matter, please call:

Maria M. Calderon

305 974-0114
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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	YARUR, CRISTINA	4010 S OCEAN DRIVE, UNIT R-1208	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARCHANT, MAXIMILIANO	4010 S OCEAN DRIVE, UNIT R-1208	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33019	<input type="checkbox"/> Remove
			<input type="checkbox"/> 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

[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:

Dated October 10, 2019

MM Rodden

MARIA CALDERON, AUTHORIZED REPRESENTATIVE

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Filing Fee: \$25.00