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3 PRATHEF

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARIE CARMELLE PALANQUET COLLEGE, 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:

DR JUNIOR BERNARD FEQUIERE, MD, OBGYN, OWNER,
Name of Person PRESIDENT/CEO/MGR/AMBR

Office Address: MARIE CARMELLE PALANQUET COLLEGE, LLC
Firm/Company
3951 N. HAVERHILL RD SUITE 203, 219 West Palm Beach FL 33417
Mailing Address: 10 Walnut Court
Address

LEOMINSTER, MA 01453
City/State and Zip Code

UNIV Fabernacle shiloh@gmail.com or
E-mail address: (to be used for future annual report notification)
docfequi2009@gmail.com

For further information concerning this matter, please call:

Rev. BEATRICE CAYO, CO-OWNER at (339) 440-7335 OR (774) 615-9546
Name of Person Area Code Daytime Telephone Number
OR
DR JUNIOR BERNARD FEQUIERE, MD, OBGYN, OWNER/CEO/MGR/AMBR

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 Address:

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

MARIE CARMELLE PALANQUE COLLEGE LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
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CO-OWNER/ COO/MGR	REV BEATRICE CAYO	3951 N. Haver Hill Rd Suites 203 & 219 West Palm Beach, FL 33417	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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_____ ☐ Change

AMBR	REV BEATRICE CAYO	3951 N. Haver Hill Rd Suites 203 & 219 West Palm Beach, FL 33417	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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[illegible]

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 07/14/2022 . _____

DR JUNIOR BERNARD Feguiere, MD, OB-GYN
Typed or printed name of signer

ALLIANCE, FLORIDA
2022 JUL 18 AM 7:31

Filing Fee: \$25.00