L21000026545

(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
Amending Authonzal Pasan	

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2021 FEB 24 PM 1:58
SECRETARY OF STATE

A. BUTLER
MAR 3 - 2022

COVER LETTER

Division of Co			•
Marie Hod		•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Marie Butler		
		Name of Person	
	Marie Hodges, LLC		
		Firm/Company	
	5368 Neil Drive		
		Address	
	St Petersburg, Fl 33714		
	MarieRButler@gmail.com	City/State and Zip Code	
		to be used for future annual report notific	cation)
For further information	concerning this matter, please ca	all:	
Marie Butler		727 505-5424 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$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 Addre Registration		Street Address: Registration Sect	tion

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

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

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

Marie Hodges, LLC

2021 FEB 24 PM 1:58

	(A Florida Limited Liability Company) SECRETARY OF STATE
	TALLAHASSECTIC
	Liability Company were filed on 01-11-2021 and assigned
lorida document number L21000026545	
his amendment is submitted to amend the fol	llowing:
. If amending name, enter the new name	of the limited liability company here:
Marie Butler,LLC	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	icable:
Principal office address MUST BE A STRE	(ET ADDRESS)
Inter new mailing address, if applicable:	
Enter new mailing a <mark>ddress, if applicable:</mark> Mailing address MAY BE A POST OFFICE	
Mailing address MAY BE A POST OFFICE	<u> </u>
Mailing address MAY BE A POST OFFICE . If amending the registered agent and/or	registered office address on our records, enter the name of the new reg
Mailing address MAY BE A POST OFFICE	registered office address on our records, enter the name of the new reg
Mailing address MAY BE A POST OFFICE If amending the registered agent and/or	registered office address on our records, enter the name of the new reg
Mailing address MAY BE A POST OFFICE If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	registered office address on our records, enter the name of the new reg
Mailing address MAY BE A POST OFFICE If amending the registered agent and/or gent and/or the new registered office address.	registered office address on our records, enter the name of the new regess here: Marie Butler
Mailing address MAY BE A POST OFFICE If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	registered office address on our records, enter the name of the new reg
Mailing address MAY BE A POST OFFICE I. If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	registered office address on our records, enter the name of the new regess here: Marie Butler

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.

egistered Agent, Signature of New Registered Agent

If _ 'ending Autho. ized Person(s) authorized to manage, enter the title, name, and address of each person being added noved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Marie Butler		□Add
			□Remove
		Charge from Marie Hodgesto Marie Butter	Change
		Marie Butter	□Add
			□Remove
			□ Change
<u></u>			□Add
			□ Remove
			□ Change
			□Add
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<u>te:</u> I	tree date, if other than the date of filing:
cord file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t d.
ed _	2022 2022
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00



RECEIVED

FLORIDA DEPARTMENT OF STATE

Division of Co. **Division of Corporations**

SECRETARY OF STATE TALLAHASSEE, FL

February 14, 2022

MARIE BUTLER 5368 NEIL DRIVE ST PETERSBURG, FL 33714

Ref. Number: L2100026545

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

WHAT ARE YOU AMENDING UNDER THE AUTHORIZED PERSON(S) SECTION?

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.

Anissa Butler Regulatory Specialist II

Letter Number: 522A00003570