121000027606

, .
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Sosament Names),
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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FALLAHAY 26 PH 1:4:

SECRETARY OF STATE
TALLAHAS SEE, FL



RECEIVED

2022 MAY 26 AH 7:48

SECLET TARREST FL

April 21, 2022

DAFNEY CENEUS 3236 FORUM BLVD #4136 FORT MYERS, FL 33905

SUBJECT: REE MARIEE LLC Ref. Number: L21000027606

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

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.

Letter Number: 622A00009358

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations		
Deel	Mariee 110		
SUBJECT: YCC	Mariee LLC Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter (to the following:	
	Dafnell Cer	7)19	
	Dafpey Cer	Name of Person	
	D 10000	. 1	
	Rec Marie	Firm/Company	
		7 mir Conquiny	
	3234 Forum	1 Blud #4136	
		Address	
	Taid Name	TI 220NE	
	Fort Myprs,	City/State and Zin Code	
	Version of	. a amail com	
	E-mail address: (ce of gmail. com	fication)
For further information of	oncerning this matter, please ca		
-	officeriting time states of process of		
Dafray Cer	νuς	at (561) 462-7	18 1
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
□ \$25.00 Filing Fee	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Addres	ss:	Street Address:	
Registration Section		Registration Section	
Division of C	=	Division of Co The Centre of	
P.O. Box 632 Tallahassee.			De Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SFORFTAD

FILED

2022 HAY 26 PM 1:4'

`	•	Liability Company) SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited L	iability Company	y were filed on Janurary 12,2021 and assigned
Florida document number L2100002716	206	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited lia	bility company here:
MIA		
The new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:	3236 FORUM BLUD #4136
(Principal office address MUST BE A STREE	ET ADDRESS)	FORT IMMERS, IFL 30905
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	3234 FORUM BLUD #4136 FORT MYCRS, FL 33905
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ss here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	NIA	
New Registered Office Address:	3236 1	Enter Florida street address
	TORT 1	NYGRS Florida 33905 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.

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>	Address	Type of Action
MA	NIA	NA	□ Add
			Remove
			□ Change
			□Add
			Remove
			□Change
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(If an eff Note:	ve date, if other than the date of filing:
he recor ord is til	d 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 led.
Dated	MAY 04 2022
	MAY 04 Dafrey Cencus Typed or printed name of signee
	Signature of a friction of authorized representatives
	Darney Cencus Typed or printed name of signee

. . . .