

L21000074354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

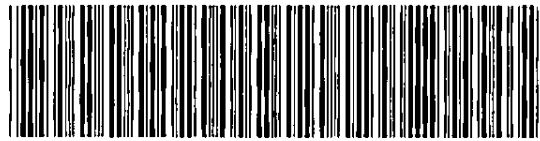
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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03/08/24 -01017--015 \*\*35.00

FILED

2024 MAY -1 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FL

Amend

JUN 06 2024

D CUSHING

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MaeBerry Co LLC

DOCUMENT NUMBER: L21000074354

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

George W. Leach

Name of Contact Person

MaeBerry Co LLC

Firm/ Company

2617 Rosehaven Drive

Address

Wesley Chapel, FL 33544

City/ State and Zip Code

maeberry.company@gmail.com

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

For further information concerning this matter, please call:

George W. Leach

Name of Contact Person

at ( 727 ) 479-7441

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

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

**Street Address**

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 MAY -1 AM 11:17

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 10, 2024

GEORGE W LEACH  
MAEBERRY CO LLC  
2617 ROSEHAVEN DRIVE  
WESLEY CHAPEL, FL 33544

SUBJECT: MAEBERRY CO LLC  
Ref. Number: L21000074354

We have received your document for MAEBERRY CO LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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).

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.

Diane Cushing  
Operations Manager A

Letter Number: 124A00007713

MC  
5-1

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

Mae Berry Co 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 02/12/2021 and assigned Florida document number L21000074354

This amendment is submitted to amend the following:

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

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)**

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

**(Mailing address MAY BE A POST OFFICE BOX)**

FILED  
2021 MAY -1 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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:

Monica L. Rocek

New Registered Office Address:

2617 Rosehaven Drive

Enter Florida street address

Wesley Chapel

City

Florida

33544

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.

Monica Rocek

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>                      |
|--------------|-----------------|-------------------------|--|
| AMBR         | Monica L. Russo | 2617 Polehaven Dr       | <input type="checkbox"/> Add               |
|              |                 | Wesley Chapel, FL 33544 | <input checked="" type="checkbox"/> Remove |
|              |                 |                         | <input type="checkbox"/> Change            |
| AMBR         | Monica L. Porek | 2617 Polehaven Drive    | <input checked="" type="checkbox"/> Add    |
|              |                 | Wesley Chapel, FL 33544 | <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            |
|              |                 |                         | <input type="checkbox"/> Change            |
|              |                 |                         | <input type="checkbox"/> Add               |
|              |                 |                         | <input type="checkbox"/> Remove            |
|              |                 |                         | <input type="checkbox"/> Change            |
|              |                 |                         | <input type="checkbox"/> Add               |
|              |                 |                         | <input type="checkbox"/> Remove            |
|              |                 |                         | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Monica L. Russo got married and changed  
her name to Monica L. Rocek

We previously filed the wrong form and  
paid \$35

See copy of letter dated 4/10/24

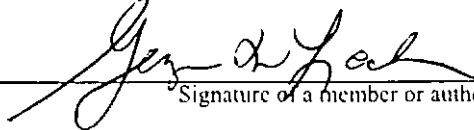
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

If the record 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 record is filed.

Dated April 24, 2024.



Signature of a member or authorized representative of a member

George W. Leach

Typed or printed name of signee