

L21 000089528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

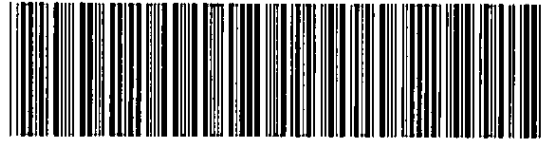
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MARE FLORIDA 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:

JOEL FRIEND

\_\_\_\_\_  
Name of Person

JOEL FRIEND AND ASSOCIATES INC.

\_\_\_\_\_  
Firm/Company

2863 EXECUTIVE PARK DRIVE, SUITE 105

\_\_\_\_\_  
Address

WESTON, FLORIDA 33331

\_\_\_\_\_  
City/State and Zip Code

joel@joelfriend.com

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

For further information concerning this matter, please call:

JOEL FRIEND

954 704 1040

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 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

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

MARE FLORIDA 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 03/02/2021 and assigned  
Florida document number L21000089528.

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:

2801 CORAL SHORES DRIVE

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE, FL 33306

Enter new mailing address, if applicable:

2801 CORAL SHORES DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

FORT LAUDERDALE, FL 33306

**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:

JOEL FRIEND AND ASSOCIATES INC.

New Registered Office Address:

2863 EXECUTIVE PARK DRIVE, SUITE 105

*Enter Florida street address*

WESTON

Florida

*City*

33331

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	RICARDO F MAMIA	2801 CORAL SHORES DRIVE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CECILIA ALVAREZ	2801 CORAL SHORES DRIVE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**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                     MAY 21                    ,                     2021                    

RICARDO F MAMIA

**Filing Fee: \$25.00**