

K21 0000 90949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

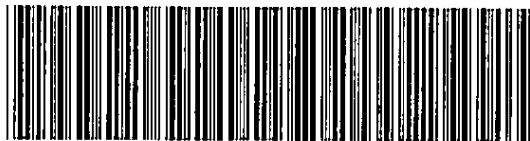
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MARICHA REALTY GROUP 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:

SURELY MOLINA

Name of Person

GLOBAL ACCOUNTING AND TAX PROFESSIONALS CORP

Firm/Company

7500 NW 25TH STREET SUITE#246

Address

MIAMI FL 33122

City/State and Zip Code

sglobal.usa@gmail.com

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

For further information concerning this matter, please call:

SURELY MOLINA

305

640.5951

Name of Person

at ()

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 210
Tallahassee, FL 32310

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

MARICHA REALTY GROUP 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 02/23/2021 and assigned Florida document number L21000090949.

This amendment is submitted to amend the following:

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

N / A

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)

7500 NW 25TH STREET

SUITE # 246

MIAMI FL 33122

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7500 NW 25TH STREET

SUITE# 246

MIAMI FL 33122

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:

SURELY MOLINA

New Registered Office Address:

7500 NW 25TH STREET SUITE#246

Enter Florida street address

MIAMI

Florida

City

33122

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.

Surely Molina

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	PABLO E BUSICO	1401 VILLAGE BLVD APTD 137	<input type="checkbox"/> Add
		WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	MARIA C FULGI	1401 VILLAGE BLVD APT 137	<input type="checkbox"/> Add
		WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DIEGO PERSEVERI	7500 NW 25TH STREET	<input checked="" type="checkbox"/> Add
		SUITE 246	<input type="checkbox"/> Remove
		MIAMI FL 33122	<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

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

N / A

E. Effective date, if other than the date of filing: 07/22/2021 (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 JULY 22nd 2021

Signature of a member or authorized representative of a member

PADLO E. BUSICO

Typed or printed name of signee