

1210000101180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

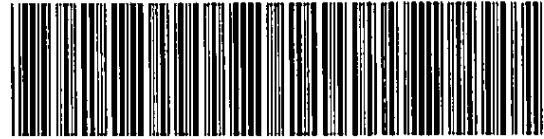
(Business Entity Name)

(Document Number)

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2022 MAR -2 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER
MAR 11 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 3001 Marquis, 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:

Wells Corken Johnston

Name of Person

Cooper & Mel Holdings, LLC

Firm/Company

129 NE 32nd Avenue , Apt 2509

Address

Miami, Florida 33137

City/State and Zip Code

wellsjohnston@gmail.com

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

For further information concerning this matter, please call:

Wells Corken Johnston 415 706-8928

Name of Person at (_____) Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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SECRET
(not for records) OF STATE
TALLAHASSEE, FL

(Name of the Limited Liability Company as it now appears on our records.) OF STATE
(A Florida Limited Liability Company) TALLAHASSEE FL

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

[illegible]

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

[illegible]

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 February 24 2022

Wells Johnston

Signature of a member or authorized representative of a member

Wells Corkern Johnston

Typed or printed name of signee

Filing Fee: \$25.00