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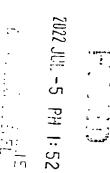
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Chalislanys

COVER LETTER

Registration Section

TO:

Division of Co	rporations			
JMA MAF	RIO SANDRINE LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are subi	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Stephanie Carles			
		Name of Person		
		Firm/Company		
	122 Bent Tree dr			
		Address		
	Palm Beach Gardens FL 33	3418		
		City/State and Zip Code		
	stephanie.carles@gmail.con E-mail address: (n to be used for future annual report not	ification)	
For further information	concerning this matter, please c			
Stephanie Carles		561 4945316 at ()		
Name	of Person	Area Code Daytin	ne 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 Fec. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addr</u> Registration		Street Address: Registration Se	ection	
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 63 Tallahassee			oe Street, Suite 810	

Tallahassee, FL 32303



June 21, 2022

STEPHANIE CARLES 122 BENT TREE DRIVE PALM BEACH GARDENS, FL 33418

SUBJECT: JMA MARIO SANDRINE LLC

Ref. Number: L21000185573

We have received your document for JMA MARIO SANDRINE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Claretha Golden Regulatory Specialist II

Letter Number: 122A00013887

NECEIVED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION. OF

2022 JUL -5 PM 1:52

SEDILL DASSELFL

JMA Mario Sandrine 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 Florida document number <u>L21000185573</u> .	were filed on April 21,202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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:	3658 Alder Drive B2	
(Mailing address MAY BE A POST OFFICE BOX)	West Palm Beach FL 334	17
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>e</u>	nter the name of the new registered
New Registered Office Address.	Enter Florida street a	ddress
		, Florida
	City	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 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>	Name	Address	Type of Action
MryGRM	Killian Carles	122 Bent tree Dr	≣Add
		Palm Beach Gardens FL 33418	CRemove
			☐ Change
Mr NG RM	Marc Algeri	3658 Alder Dr B2	≅∧dd
		West Palm Beach FL 33417	□Remove
			□Change
			
			Remove
			Change
			\ \ \ \ \
			□Remove
			Change
			□Add
			Петоvе
			Change
		<u></u>	Remove
			Change

			 	
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ctive date, if other than	the date of filing: 4/25/20	022	(optional)	
effective date is listed, the date e: If the date inserted in thi	must be specific and cannot be s block does not meet the a e Department of State's rec	pplicable statutory filin	nore than 90 days after filing.)	Pursuant to 605.029 vill not be listed a
ord specifies a delayed effe filed.	ctive date, but not an effect	ive time, at 12:01 a.m.	on the earlier of: (b) The	90th day after th
April 25	2022			
	/		-	
 	Signature of a member of	authorized representative	of a member	

Typed or printed name of signee