

L21000202285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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MAY 27 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCD C FERRER RETAIL L.L.C
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:

Marie Guerline Laventure Ferrer
Name of Person

Firm/Company

7319 Indrio Rd
Address

Fort Pierce FL 34951
City/State and Zip Code

marieLaventure1220@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Guerline Laventure Ferrer at (754) 244 8898
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" 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

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

MICDC FERRER RETAIL 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 _____ and assigned
Florida document number 221000202285

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)

7319 Indrio Rd
Fort Pierce FL 34951

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME as Above
Fort Pierce FL 34951

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:

Marie Guerline L'Aventure Ferre

New Registered Office Address:

7319 Indrio Rd

Enter Florida street address

Fort Pierce, Florida 34951
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 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>
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AMBR	Marie Guerlin Laventure Ferrer	5349 OAKland LAke Cir Fort Pierce FL 34951-7001	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
------	-----------------------------------	--	--

MKF

AMBA MGR	Carla Ferrer	5349 OAKland LAke Cir Fort Pierce FL 34951-7001	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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(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)

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.

Signature of a n

Marie Guerhine Laventure Ferrer
Typed or printed name of signer

Typed or printed name of signee

Filing Fee: \$25.00