

177000036851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

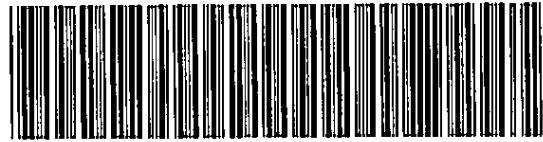
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/28/22--01017--028 **25.00

SECRETARY OF STATE
OF MICHIGAN

2022 FEB 28 AM 9:10

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A RAMSEY
MAR 09 2022

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: MARJIE'S KITCHEN, 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:

BizzyNinja Inc
Name of Person
BizzyNinja Inc
Firm/Company
1312 17th St Unit #2207
Address
Denver, CO 80202
City/State and Zip Code
gethelp@bizzyninja.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phillip Lee 800 610-7322
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 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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RECORDS

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> |
|--------------|---------------------|-----------------------------|--|
| AMBR | Mariana Louis-Jeune | 5514 WEST OAKLAND PARK BLVD | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | LAUDERHILL, FL 33060 | <input type="checkbox"/> Change |
| MGR | CLAUDE BAROSY | 5514 WEST OAKLAND PARK BLVD | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | LAUDERHILL, FL 33060 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

F. 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 17th 2022

- DocuSigned by:

Maryanne Samuels

Signature of a member or authorized representative of a member

MARJORIE SAINCILA

Typed or printed name of signee