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L22 000048239
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : YOUR DREAM SERVICES CORP.
Account Number : I20200000137
Phone : (786)660-0108
Fax Number : (786)364-1047

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: INFO@YOURDREAMMS.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LUZARDO MARKETING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

C. BRUMBLEY
SEP 27 2022

COVER LETTER

(((H22000329449 3)))

TO: Registration Section
Division of Corporations

SUBJECT: LUZARDO MARKETING 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:

GABRIELA LUZARDO ANGULO

Name of Person

Gabriela Luzardo

Firm/Company

645 NW 1ST ST APT. 809

Address

MIAMI, FL 33128

City/State and Zip Code

galbyluzardo20@gmail.com

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

For further information concerning this matter, please call:

GABRIELA LUZARDO

Name of Person

at (785)
Area Code

7747-81
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 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT (((H22000329449 3)))
TO
ARTICLES OF ORGANIZATION
OF

LUZARDO MARKETING 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 01/27/2022 and assigned
 Florida document number L22000048239.

This amendment is submitted to amend the following:

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

MAROUSSI SWIMWEAR LLC

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)

3411 WEST 110TH ST.,

HIALEAH GARDENS, 33018

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3411 WEST 110TH ST.,

HIALEAH GARDENS, 33018

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:

YOUR DREAM MULTISERVICES CORP

New Registered Office Address:

8300 NW 53 RD ST SUITE 350

Enter Florida street address

MIAMI

City

Florida 33166

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.

Isamar Torres

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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARCEL ABRAHAM CASTELLANOS	3411 west 110th st	<input checked="" type="checkbox"/> Add
		Hialeah gardens, fl 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GABRIELA LUZARDO ANGULO	3411 west 110th st	<input checked="" type="checkbox"/> Add
		Hialeah gardens, fl 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FLOR MISITA MATOS	3411 west 110th st	<input checked="" type="checkbox"/> Add
		Hialeah gardens, fl 33018	<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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Filing Fee: \$25.00