

L230000015440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

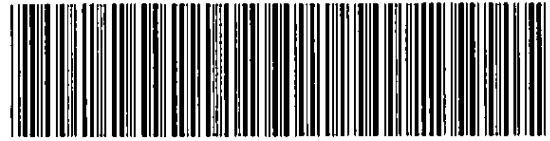
(Business Entity Name)

(Document Number)

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03/28/23--01014--007 **25.00

FILED
2023 MAR 23 AM 11:57
CLERK OF STATE
TALLAHASSEE, FL

APR 3 2023

R. HUNT

03/28/23

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MORELL SOLUTIONS 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:

LOIDYS MORELL REYBA

Name of Person

MORELL SOLUTIONS LLC

Firm/Company

12994 SW 134TH TER

Address

MIAMI FL 33186

City/State and Zip Code

LOIDYSMORELL@GMAIL.COM

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

FILED
TALLAHASSEE, FL
JAN 23 2014
AM 11:57

For further information concerning this matter, please call:

LOIDYS MORELL REYNA

305 562-2176
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

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

MORELI SOLUTIONS 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 01/25/2023 and assigned Florida document number L23000045942.

This amendment is submitted to amend the following:

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

N/A

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)

3305 SW 4TH ST

MIAMI FL 33135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3305 SW 4TH ST

MIAMI FL 33135

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:

N/A

New Registered Office Address:

3305 SW 4TH ST

Enter Florida street address

MIAMI

City

Florida 33135

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

FILED
MAR 20 2020
AM 10:57
TALLAHASSEE, FL
CLERK OF DISTRICT COURT

70301228 AM11:57
DEPT OF STATE
MIAMI, FL

70234228 AM11:57
STATE
FL

(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.

Dated 24 MARCH 2023

Hong
Signature of a member or authorized representative of a member

LOIDYS MORELL REYNA

Typed or printed name of signee

Filing Fee: \$25.00

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L23000045942
FILED 8:00 AM
January 25, 2023
Sec. Of State
klovelace**

Article I

The name of the Limited Liability Company is:

MORELL SOLUTIONS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

12994 SW 134TH TER
MIAMI, FL, US 33186

The mailing address of the Limited Liability Company is:

12994 SW 134TH TER
MIAMI, FL, US 33186

Article III

The name and Florida street address of the registered agent is:

LOIDYS MORELL REYNA
12994 SW 134TH TER
MIAMI, FL. 33186

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: LOIDYS MORELL REYNA

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
LOIDYS MORELL REYNA
12994 SW 134TH TER
MIAMI FL. 33186 US

L23000045942
FILED 8:00 AM
January 25, 2023
Sec. Of State
klovelace

Article V

The effective date for this Limited Liability Company shall be:

01/24/2023

Signature of member or an authorized representative

Electronic Signature: LOIDYS MORELL REYNA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.