L23000291641

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DATE:

07/17/23

NAME: ELIZABETH D MAROTTE, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	Registration So Division of Co				
CUDIEC		O Marotte, LLC			
SUBJEC	T:	Name of Lin	nited Liability Company		
		'Amendment and fee(s) are sub	<u>-</u>		
		Elizabeth D Marotte			
			Name of Person		
		Elizabeth D Marotte, LLC			
			Firm/Company		
		417 N Frankfort Avenue			
					
		DeLand, FL 32724			
			City/State and Zip Code		
		floridashortsales.LLC@gm	ail.com to be used for future annual report not		
For further	er information o	concerning this matter, please c	·	incation)	
	D Marotte	, , , , , , , , , , , , , , , , , ,	386 848-8009		
Name of Person		at ()	ne Telephone Number		
Enclosed	is a check for th	he following amount:			
■ \$25. 0	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 Addres		Street Address:		
Registration Section Division of Corporations			Registration Section Division of Corporations		
	P O Box 632		The Control of Con		

Tallahassee, FL 32314

• • •

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elizabeth D Marotte, 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 June 16, 2023 and assigned Florida document number _____L23000291641 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida _ City

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>	Name	Address	Type of Action
MGR	Elizabeth D Marotte	417 N Frankfort Avenue	≡ Add
		DeLand, FL 32724	Remove
			□Change
			□ Add
			Remove
			☐ Change
			□Add
			🗆 Remove
			Change
			
			□Remove
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iote. If the date	f other than the date of listed, the date must be spec- inserted in this block does ive date on the Departme	s not meet the applic	able statutory filing r	(optional than 90 days after filin equirements, this dat) g.) Pursuant to 605.0207 c will not be listed as
ocument's effec		out not an effective to	ime, at 12:01 a.m. on	the earlier of: (b) T	he 90th day after the
record specifies	a delayed effective date, b				
record specifies Listfiled.	a delayed effective date, b	2023			
record specifies I is filed.	Eldut	2023 5 0 M	ALCAL.	a member	

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