

L23000303476

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(City/State/Zip/Phone #)

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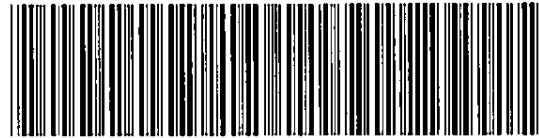
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**DATE: 12/27/2024**

**NAME: MARCHELLI AND SONS LLC**

**TYPE OF FILING: AMENDMENT**

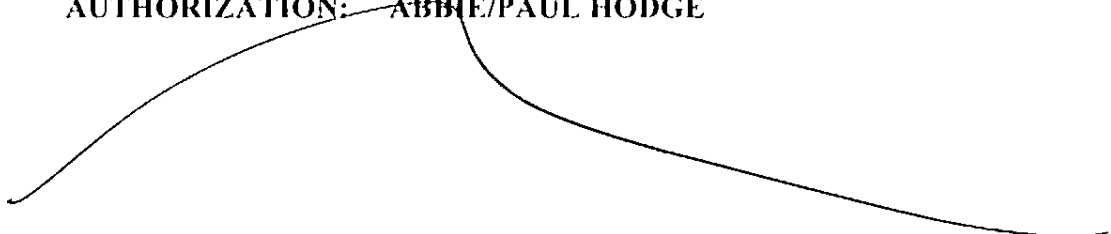
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MARCHELLI AND SONS 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:

ROSANA MARCHELLI, TRUSTEE

Name of Person

MARCHELLI ENTERPRISE, INC

Firm/Company

2380 Vance Terrace

Address

Port Charlotte, FL 33981

City/State and Zip Code

rosanamarchelli230@gmail.com

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

For further information concerning this matter, please call:

ROSANA MARCHELLO, TRUSTEE

954  
at ( )

599-8116

Name of Person

Area Code

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

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

MARCHELLI AND SONS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2024 DEC 27 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FL  
and assigned

The Articles of Organization for this Limited Liability Company were filed on 06/23/2023

Florida document number L23000303476

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:

2380 Vance Terrace

(Principal office address MUST BE A STREET ADDRESS)

Port Charlotte, FL 33981

Enter new mailing address, if applicable:

2380 Vance Terrace

(Mailing address MAY BE A POST OFFICE BOX)

Port Charlotte, FL 33981

**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:

ROSANA MARCHELLI

New Registered Office Address:

2380 Vance Terrace

*Enter Florida street address*

Port Charlotte

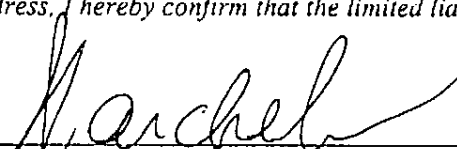
, Florida 33981

*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>
MGR	MARCHELLI ENTERPRISE, INC	c/o ROSANA MARCHELLI REVOCABLE TRUST	<input type="checkbox"/> Add
		2380 Vance Terrace	<input type="checkbox"/> Remove
		Port Charlotte, FL 33981	<input checked="" type="checkbox"/> Change
AMBR	NATIONAL SAFE HARBOR EXC	10851 N Black Canyon Hwy Ste 125	<input type="checkbox"/> Add
		Phoenix, AZ 85029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Full name of AMBR being removed: NATIONAL SAFE HARBOR EXCHANGES, INC

E. Effective date, if other than the date of filing: December 23, 2024 (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 December 23

2024

\_\_\_\_\_, 2024  
*Handwritten Signature*  
 Signature of a member or authorized representative

ROSANA MARCHELLI, TTE, as DPT for MARCHELLI ENTERPRISE, INC (MGR)

Typed or printed name of signee

**Filing Fee: \$25.00**