## L23000307647

(Requestor	's Name)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing O	fficer:

Office Use Only



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09/01/23--01036--008 \*\*35.00







September 28, 2023

MARINO NUNEZ 2738 MADISON ST HOLLYWOOD, FL 33020

SUBJECT: MARINOFLIMZ LLC Ref. Number: L23000307647

We have received your document for MARINOFLIMZ LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Not for Profit Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 923A00022493

RECEIVED

## COVER LETTER

Division of Corpo				
SUBJECT: MA	rinoflimz			
SUBJECT: TOTAL	Name of Lim	ited Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	<b>a</b> A			
		Nonez Name of Person		
	A			
	/\	Marinoflimz Finn/Company	<del></del>	
	2738 Madison	7 St Address		
	15.1. Jane	El 22000		
	Hollywood_	FL 33020 City/State and Zip Code		
	Marino	Chystate and zip Code  Chystate and zip Code	<u> </u>	, j
For further information con	e-mail address; (		tication)	7.33 (m.)
		ш:		
Marino Name of P	Nunez	at ( <u>154</u> ) <u>2<b>8</b>1 - 1 Area Code Davtim</u>		- ::
Name of F	CISON	Afea Code Daytimi	e Telephone Number	Ś
Enclosed is a check for the	following amount:		<u>.</u> -	[]
S25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,	
-	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Address:</u> Registration Se	ction	<u>Street Address:</u> Registration Sec	etion	
Division of Cor		Division of Cor	porations	
P.O. Box 6327		The Centre of T	allahaccea	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marine		noflimz
(A Florida	y Company as it now appears on o Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>し</u> える000307し	ompany were filed on 6/	30/23 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
A Shooting Star Prod The new name must be distinguishable and contain the words "Limi	loctions LLC ted Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		-
		·
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our record	ls, enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	Citr	, Florida Zip Code
	Ciú.	Zip Coae

## 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 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Add
		<u></u>	□Remove
			□Change
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ective date, if other than the date of filing the effective date is listed, the date must be specific and the effective date inserted in this block does not recument's effective date on the Department of States.	neet the applicable sta	of tiling or more than 90 itutory filing requirem	(optional) days after filing.) Pursuar ents, this date will no	ont to 605.07 t be listed
ecord specifies a delayed effective date, but not is filed.	an effective time, at	12:01 a.m. on the earl	ier of: (b) The 90th c	lay after t
ted 10/12	2023			
fland /h-				
Signature of a	member or authorized re	presentative of a member	:r	

Filing Fee: \$25.00