

L23000471458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2024 MAR 25 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FL

Marie T Georges

Address : 13286 SW 128 PSGE Miami Florida 33186

Email : letoilesa@yahoo.com

Telephone number : 786-9562513

Date ; 03/15/2024

Florida Department of State Division of Corporations

I'm writing to request an amennndment to my LLC on the name of
Marie 11734 LLC curently registered with the State.

Any question do not hesitate to contact me .

Marie T Georges

A handwritten signature in black ink, appearing to be 'Marie T Georges', written over a circular stamp or seal.

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SECRETARY OF STATE
TALLAHASSEE, FL

**Registration Section
Division of Corporations**

SUBJECT: Marie 11734 LLC
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

- Street Address:**
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SEC. DEPT OF STATE
TALLAHASSEE, FL

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

MARIE 11734 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 10/12/2023 and assigned
Florida document number L23000471458.

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 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

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TALLAHASSEE, FL

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	Samira Carla Emmanuelle Issa	15891 SW 139 Street	<input checked="" type="checkbox"/> Add
		Miami, Florida 33196	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FL

[illegible]

(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.

Signature of a member or authorized representative of a member

MARIE T GEORGES

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FL

Filing Fee: \$25.00