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## **COVER LETTER**

TO: Registration So Division of Co			
	Choice L.L.C.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Harry Carter		
	<del> </del>	Name of Person	
	Merchant's Choice L.L.C.		
		Firm/Company	
	10122 Tarpon Drive		
	1.500 10.50	Address	<del></del>
	Treasure Island, FL 33706	5	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Harry Carter		727 365-1263	
Name (	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Merchant's Choice L.L.C.		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L10000106049	Company were filed on October 11th, 2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the	abbreviation "L.1C."
Enter new principal offices address, if applicable:	and the second of the second o	
(Principal office address MUST BE A STREET ADD	RESS)	
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 add  Name of New Registered Agent:		er the name of the new
New Registered Office Address:		
	Enter Florida street address , Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	924
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a heing filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, and I ar agent as provided for in Chapter 605, F.S. C ced office address, I hereby confirm that the	n familiar with and Or, if this document is

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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Yauchler, Eugene P	1850 Balboa Lane, Clearwate FL 33756	<b>∠r,</b> □ Add
		FL 33/36	Remove
			Change
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Tective date, if other than the in effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the December 1.	ock does not	meet the ap	plicable statu	filing or more tory filing re	(op han 90 days aft quirements, th	tional) er filing.) Pursi nis date will r	uant to 605.02 not be listed
e record specifies a delayed The 90th day after the reco	effective ord is filed	date, but I.	not an eff	ective time	e, at 12:01	a.m. on t	ne earlier
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Filing Fee: \$25.00