

L13000 122973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800295007018

03/03/17--01012--014 \*\*25.00

2017 MAR -6 A 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

D. BRUCE  
MAR 07 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Meiman Holdings, 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:

Rita Jackman  
Name of Person  
Powell, Jackman, Stevens & Ricciardi  
Firm/Company  
4575 Via Royale -- Suite #200  
Address  
Fort Myers, FL 33919  
City/State and Zip Code  
rjackman@your-advocates.org  
E-mail address: (to be used for future annual report notification)

FILED  
2017 MAR -6 A 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Rita Jackman at (239) 689-1096  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

MEIMAN HOLDINGS, 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 08/30/2013 and assigned Florida document number L13000122973.

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 \_\_\_\_\_, Zip Code

FILED  
2017 MAR -6 11:0  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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>                   |
|--------------|-------------|---------------------------|---|
| AMBR         | YAARA ASHER | 20 DAVID AVIDAN ST. APT 8 | <input checked="" type="checkbox"/> Add |
|              |             | TEL-AVIV 6962085 IS       | <input type="checkbox"/> Remove         |
|              |             |                           | <input type="checkbox"/> Change         |
|              |             |                           | <input type="checkbox"/> Add            |
|              |             |                           | <input type="checkbox"/> Remove         |
|              |             |                           | <input type="checkbox"/> Change         |
|              |             |                           | <input type="checkbox"/> Add            |
|              |             |                           | <input type="checkbox"/> Remove         |
|              |             |                           | <input type="checkbox"/> Change         |
|              |             |                           | <input type="checkbox"/> Add            |
|              |             |                           | <input type="checkbox"/> Remove         |
|              |             |                           | <input type="checkbox"/> Change         |
|              |             |                           | <input type="checkbox"/> Add            |
|              |             |                           | <input type="checkbox"/> Remove         |
|              |             |                           | <input type="checkbox"/> Change         |
|              |             |                           | <input type="checkbox"/> Add            |
|              |             |                           | <input type="checkbox"/> Remove         |
|              |             |                           | <input type="checkbox"/> Change         |

2017 JAN - A 01  
 SECRETARIAT OF STATE  
 FALLASSEE, FLORIDA

**FILED**

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

Multiple horizontal lines for amending information.

FILED  
2017 MAR -6 A 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 FEBRUARY 27, 2017

Signature of a member or authorized representative of a member

Rita Lachman  
Typed or printed name of signee