# L14000147874

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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

MER SMALL BUSINESS CONSULTING SERVICES, 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:

## MARY E. REYNOLDS

Name of Person

MER SMALL BUSINESS CONSULTING SERVICES, LLC

Firm/Company

1600 MARINA BAY DRIVE, STE 702

Address

PANAMA CITY, FL 32409

City/State and Zip Code

WDBMARY566@GMAIL.COM

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

For further information concerning this matter, please call:

MARY REYNOLDS

703,8395504

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

### MER SMALL BUSINESS CONSULTING SERVICES, LLC

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

Florida document number L14000147874		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
M. E. R. SMALL BUSINESS GOVERNMENT CONS		
The new name must be distinguishable and end with the words "Limited Liabili	ty Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		100
(Principal office address MUST BE A STREET ADDRESS)		# S.,
		00
Enter new mailing address, if applicable:		P 250
(Mailing address MAY BE A POST OFFICE BOX)		<u></u> ii <u></u>
		<b>1</b>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:		ecords, enter the name of the new
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		ı address
Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida stree	ı address

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Add
			Remove
· · · · · · · · · · · · · · · · · · ·			Add
			Remove
			14 0
		Remove:	
			RATIUMS
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			<del></del>
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			□ Remove

. If amending any other information, enter change(s) here: (Attach additio	nal sheets, if necessary.)
•	
•	
	<u> </u>
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be the date this document is filed by the Florida Department of State)	(optional) e more than 90 days after
Dated 7 OCTOBER 2014	
Man E Runold	
May Remolds  MARY E. REYNOLDS	of a member

Page 3 of 3

Filing Fee: \$25.00

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