Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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From:

Account Name : SAUL, ENING, ARNSTEIN & LEHR, 102

Account Number : T20060000021 Phone : (561)833-9800 Fax Number : (561)655-5551

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August 16, 2019

PLORIDA DEPARTMENT OF STATE Division of Corporations

MERKUR ASSETS, LLC ONE S.E. THIRE AVENUE SULTE 1100 MIAMI, FL 33131US

SUBJECT: MIRKUR ASSETS, LLC . REF: L15000707716

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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 filling of your document, please call (850) 245-6051.

FAX Aud. #: 819000243877 Octavia L Simmons Regulatory Specialist II Supervisor Letter Number: 119A00016962

P.O. BOX 6327 - Tailahassec, Florida, 32314

(H190002438773)

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION (H 190002438773)

(Name of the Limited Llabil	ity Company as It now accears on its Limited Limited Company)	our records.)	学. 6
The Articles of Organization for this Limited Liability C			and assigned
Florida document number L15000207716			and anighted
Florida document number	a water		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	itted liability company here:		,
MERKUR HOLDINGS, LLC			
The new name must be distinguishable and centain the words "Lin	mited Liability Company," the desig	nation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD.	RESS)		anning of the state of the stat
	and any same of the state of th	• • • • • • • • • • • • • • • • • •	
Enter new mailing address, if applicable:	THE WALLEST WITH THE PARTY OF THE		
(Mailing address MAY BE A POST OFFICE BOX)		and the definition of the state	
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	istered office address on or dress here:	ir records, <u>enter t</u>	he name of the
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Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register	Enter Florida Cay ed Agent: I and agree to act in this cap complete performance of my agent as provided for in Cha red office address, I hereby o	sirvet address, Florida pacity. I further agreet duties, and I am factories for the pier 605, F.S. Or, i	Zio Code to comply with miliar with and f this document is
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MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (H 190002438M3)

AMBR = A	uthorized Member		
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