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JAN 1 4 2020 S. YOUNG

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor					
	OLUTIONS LLC				
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:			
	LUIS E NINO				
		Name of Person			
	•	Firm/Company			
	1618 8TH ST NE				
	Address				
	NAPLES FL 34120				
	City/State and Zip Code				
	LUISELOYSTER01@GM				
		to be used for future annual report no	tification)		
For further information of	concerning this matter, please c	all;			
LUIS E NINO		786 3971649			
Name o	of Person	Area Code Daytii	me Telephone Number		
Enclosed is a check for the	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 Addres		Street Address:	antia a		
Registration 8 Division of C		Registration S  Division of Co			
P.O. Box 632		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERKS SOLUTIONS LLC					
(Name of the Limite	d Liability Compa A Florida Limited	any as it now appears on our red Liability Company)	cords.)		
The Articles of Organization for this Limited Lia	ability Company	were filed on 03/02/2017		and assig	gned
Florida document number L17000049215	<del></del>				
This amendment is submitted to amend the follo-	wing:				
A. If amending name, enter the new name of	the limited liab	oility company here:			
N/A					
The new name must be distinguishable and contain the wo	ords "Limited Liab	ility Company," the designation "	LLC" or the abbrevia	tion "L.L.	C."
Enter new principal offices address, if applica	ible:	N/A			
(Principal office address MUST BE A STREE)	(ADDRESS)			<del>-1</del>	<u>.                                    </u>
		100 - 11 - 11 - 12 - 1 - 1 - 1 - 1 - 1 - 1	H	<del></del> _	<del></del>
			2 <u>1</u> 1-	( <u>)</u>	<u></u>
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE B	3 <i>0X</i> )		•••	<u> </u>	
			77.5 - 3 -	21	
B. If amending the registered agent and/or re	•	address on our records, en	iter the name of t		registere
agent and/or the new registered office address	<u>s nere</u> :				
Name of New Registered Agent:	N/A			<del></del>	
New Registered Office Address:					
<del></del>		Enter Florida street aa	ldress -	-	
			, Florida		
		City	Zij	o 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 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>	Address	Type of Action
MGR	EFREN E ESCOBAR	1618 8TH ST NE	□Add
		NAPLES FL 34120	= Remove
			□Change
MGR	LUIS E NINO DE LEON	1618 8TH ST NE	□Add
		NAPLES FL 34120	■Remove
			Change
			Remove
			□ Add
		<del></del>	Remove
		<u> </u>	
<del>.</del>			
			Remove
	<del></del>		□Add
			□Remove

feetive date, if other than the date of filing:		N/A
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