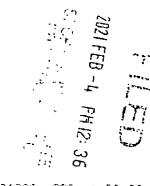
L19000194022

(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:
QA Sign

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O SIMMONS FEB 0 8 2021



January 11, 2021

ANA CABRERA 13953 SW 66TH ST APT 410B MIAMI, FL 33183

SUBJECT: MERCHANTANA LLC Rèf. Number: L19000194022

We have received your document for MERCHANTANA LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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 filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 621A00000610

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2021 FEB -4 PM 12: 36

	Merchantana LLC Sign	11112:3	6
(Name of the Limited)	1 <u>Liability Company as it now appears</u> A Florida Limited Liability Company) -	on our records.)	<u> </u>
The Articles of Organization for this Limited Lia Florida document numberL19000194022		, rL	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of</u>	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ble:		
Principal office address MUST BE A STREET	'ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
3. If amending the registered agent and/or re agent and/or the new registered office address	here:	cords, <u>enter the nam</u>	e of the <u>new regist</u>
Name of New Registered Agent:	Ana Lourdes Cabrera Suarez	<u>-</u> .	
New Registered Office Address:	13953 SW 66th ST, APT 410E		
		da street address	
	MIAMI	, Florida	33183
	City		Zip 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 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 = A' $AMBR = A$	lanager authorized Member	2024 550	
<u>Title</u>	Name	2021 FEB -4 PH 12: 36	Type of Action
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ctive date, if other than the date of filing: (optional) 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 605.0; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed. d. November, 09 2020				2021 FEB -4-	⁰ #12: 36	
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Signature of a member of authorized representative of a member			•			

Filing Fee: \$25.00