## LZ100006963L

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PICK-UP	☐ WAIT	MAIL
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21 MAY -3 PM 5: 22

## **COVER LETTER**

TO: Registration S Division of Co			
	MAN MANAGEMENT LLC		
SUBJECT:  Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Jeri L. Woody		
		Name of Person	
	Law Office of Sam J. Saad	НП РА	
		Firm/Company	<del></del>
	2670 Airport Road South		
		Address	
	Naples, Florida 34112		
		City/State and Zip Code	
	jsizemore@saadlegal.com	to be used for future annual report no	withoution)
For further information of	concerning this matter, please c		attication)
Jeri L. Woody		239 963-1635	
Name c	nf Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Registration		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	nu 32314	2415 N. Monr	oc Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 HAY -3 PH 5: 22

MERSCHMAN MANAGEMENT LLC		
( <u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L21000069636</u>	Company were filed on February 9, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Lin	inited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	——————————————————————————————————————	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin 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

21 HAY -3 PH 5: 22

<u>Title</u>	Name	Address	Type of Action
MGR	LINDA D. MERSCHMAN	1421 EAST LAKE SHORE DRIVE	□Add
		SPRINGFIELD, IL 62712	≣Remove
			□ Change
MGR	GEORGE A. MERSCHMAN	1421 EAST LAKE SHORE DRIVE	<b>=</b> Add
		SPRINGFIELD, IL 62712	□Remove
			□Change
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			□Remove
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			□Remove
			[]Change

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rective date, if other than the date of filing:  no 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 605.020 tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as current's effective date on the Department of State's records.  second 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 is filed.  signature of a member or authorized representative of a member.	amenuing any other into	mation, enter change(s) here: (Attach addition	al sheets, if necessary.) 21 MAY
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All hours		ective date, but not an effective time, at 12:01 a.m. or	the earlier of: (b) The 90th day after the
All hours	ed April 28	2021	
Signature of a member or authorized representative of a member	U	M	
		Signature of a member or authorized representative o	f a member
George A. Merschman, Trustee	George A. Merschn	ian, Trustee	