

Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe

L21000446828
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000069450 3)))



H220000694503ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GARY, DYTRYCH & RYAN, P.A.
Account Number : I19990000253
Phone : (561)844-3700
Fax Number : (561)844-2388

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: alex@alexandermillan.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMATO MILLAN FORT PIERCE, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 FEB 22 PM 4: 38

FILED
22 FEB 22 PM 12:55
STATE OF FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 23 2022

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

(((H22000069450 3)))

SUBJECT: AMATO MILLAN FORT PIERCE, 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:

ALYS NAGLER DANIELS, ESQ.
Name of Person

GARY, DYTRYCH & RYAN, P.A.
Firm/Company

701 U.S. HIGHWAY ONE, SUITE 402
Address

NORTH PALM BEACH, FL 33408
City/State and Zip Code

alex@alexandermillan.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander Millan at (561) 840-0201
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(((H22000069450 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

((H22000069450 3)))

AMATO MILLAN FORT PIERCE, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/13/2021 and assigned Florida document number L21000446828

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MERCER PARK CONSTRUCTION, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

184 SUNSET AVENUE

(Principal office address MUST BE A STREET ADDRESS)

APT. 29

PALM BEACH, FL 33480

Enter new mailing address, if applicable:

184 SUNSET AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

APT. 29

PALM BEACH, FL 33480

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

((H22000069450 3)))

FILED 22 FEB 22 PM 12:55

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

(((H22000069450 3)))

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(((H22000069450 3)))

