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S. PRATHER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 408 South Merrin Street, 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:
Marian Richardson
408 South Merrin Street, LLC
4006 Concord Way
Plant City FL 33566-9512 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marian Bichardson at (813) 541-9930  Name of Person at (813) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee  Certificate of Status  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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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408 South Merr	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab	oility Company were filed on AU	9US + 5, 2024 and assig	J Pod C: 1:
This amendment is submitted to amend the follow	ing:		•
A. If amending name, enter the new name of the Marian Richardson. The new name must be distinguishable and contain the word	Revocable	Trust.LLC	
Enter new principal offices address, if applicab	le:		<del></del>
Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address l		ords, <u>enter the name of the new t</u>	<u>eg</u> istered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	a street address	
		Florida	
	Ciņ·	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 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>	Name	Address	Type of Action
			□ Add
		□Remove	
		☐ Change	
			□Add
		□Remove	
		☐ Change	
			□ Add
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			□ Change
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			□ Remove
			□Change

	<del>_</del> _
ffective date, if other than the date of filing: <u>January 2, 2025</u> (option effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, the ocument's effective date on the Department of State's records.	A THE J. M. SHALLE TO CO. S. C. S.
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: () is filed.	_
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ated January 2 2024	2025 JAN -7