	,	
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Meg	jev Enterprise (Name of Limi	ted Liability Company)	· -	
	(Thane of Elim	too bluomiy company)		
The enclosed Articles of	FAmendment and fee(s) are sub-	nitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Terry	Meyer (Name of Person)		
	,	Herprises 40 C (Firm/Company)	0	
	477 600	Address)		
	Quincy	FL 3235 (City/State and Zip Code)		SECRETARY OF LORIDA TALLAHASSEE, FLORIDA 08 JUL 29 PH 12: 32
For further information	concerning this matter, please ca			ASSEE ASSEE
Terry	Meyer	at (<u>850) </u>	780	PH 12: 32
(IVIII)	orreison) /	(Area Code & Daytime I	стерлопе Number)	32
Enclosed is a check for t	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 Sta Certified Copy	itus &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Meyer Enterprises (Name of the Limited Liability Compa	LTD CO ny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number 404 0000 45875.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		SECH TALL!
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		RY OF STATE SEE, FLORIDA 29 PH 12: 32
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florid	da 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 608, 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)

<u>Title</u>	<u>Name</u>	Address	Type of Acti
MGRM	Travis Meyer		Add Remove
<u></u>	 		Add Remove
			- n
			Add Remove
			Add
 .			Add Remove
D. If amend	ing any other information, enter	change(s) here: (Attach additional sheets,	if necessary.)
			08 JUL 29 PI
Dated		w.	PH 12: 32

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

Page 2 of 2

Filing Fee: \$25.00