604000059646

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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Special Instructions to Filing Officer:

A. LUNT

AUG 19 2008

EXAMINER

Office Use Only



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TALLAHASSEE, FISTATE

COVER LETTER

TO: Registration Se Division of Cor		•			
SUBJECT: Mercer	Investment, LLC				Ð
	(Name of Limit	ted Liability Company)			
	Amendment and fee(s) are submondence concerning this matter t	-			
Trease return air correspe	indence concerning this matter i	to the following.			
	Manuel Gonzalez				
		(Name of Person)			
	Mercer Investment, LLC				
		(Firm/Company)	-	ZII SE TAL	
		Z009 AUS SECRETA	-17		
		(Address)	č	3	-
	Cape Coral, FL 33990			2 D	
		(City/State and Zip Code)			
For further information of	oncerning this matter, please ca	il:	19 Se	= F	
Manuel Gonzalez		at ()			
(Name	of Person)	(Area Code & Daytime T	Celephone Numbe	er)	
Enclosed is a check for the	he following amount:	t			
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mercer Investment, LLC (Name of the Limite	d Liability Compa A Florida Limited I	ny as It now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on Aug	gust 11, 2004	and assigned
Florida document number L04000059646	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company her	<u>re</u> :	
n/a				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	any," the designation "LL	C" or the abbreviation
Enter new principal offices address, if appli	cable:	n/a	LEC ZIEC	
(Principal office address MUST BE A STRE	ET ADDRESS)	n/a	ARE AUS	77
		n/a	SS -	Control of the Contro
Enter new mailing address, if applicable:	n/a			
(Mailing address MAY BE A POST OFFICE	n/a			
		n/a		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:			our records, <u>enter the</u>	e name of the nev
ATEM ASSESSMENT OFFICE FINANCISS.		(E	nter Florida street addr	ess)
	n/a		, Florida n/a	
		(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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title Name <u>Address</u> Type of Action Elena Gonzalez MGRM 1122 Country Club Blvd., #A **₽** Add Cape Coral, FL 33990 Remove _ Add Remove Add 🗂 Remove □ Add Remove _ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 150

u

Typed or printed name of signee
Page 2 of 2

Manuel

Signature of a member or authorized representative of a member

Gonzalez

Filing Fee: \$25.00