L05000049948

(Re	questor's Name)	
	dress)	
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COVER LETTER

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Registration Section Division of Corporations TO:

MerchantAdvantage LLC SUBJECT:

Tallahassee, FL 32314

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

---- the ------- 11 Please

Please return all correspo	ondence concerning this matter	r to the following:	
	Michael Lambert		
		Name of Person	
		Firm/Company	- <u></u>
	17758 SW 36th Street		
		Address	رت. (تسب
	Miramar, FL 33029		
		City/State and Zip Code	1 ()
For further information of	E-mail address:	(to be used for future annual report noti	fication)
Michael Lambert	oneering and matter, prease e	954 494-9692 at ()_	
Name o	f Person		e Telephone Number
Enclosed is a check for th	he following amount:		
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MerchantAdvantage 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	and assigned
Florida document number L05000049948	

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	····
	, Flor	rida

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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
MGRM	Michael Lambert	2999 NE 191 Street Suite 400	🗆 Add
		Aventura, FL 33180	Remove
			□Change
			🗆 Add
			🗆 Remove
		, , , , , , , , , , , , , , , , ,	Change
			🗆 Add
			□ Remove
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			Cn Cn □Remove
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			🗆 Add
			🗆 Remove
			□Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ________(optional) (If an 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 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Λ		
Dated	2022	
	Signature of a member or authorized representative of a member	
Michael Lambert		
/	Typed or printed name of signee	

Filing Fee: \$25.00