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| (Requestor's Name)                      |                     |             |  |  |
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| PICK-UP                                 | ☐ WAIT              | MAIL        |  |  |
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| Certified Copies Certificates of Status |                     |             |  |  |
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| Special Instructions to                 | Filing Officer      |             |  |  |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORID

T. CLINE

JAN 15 2010

**EXAMINER** 

## COVER LETTER

| TO: Registration Se<br>Division of Cor |  |   |  |
|--|--|---|--|
| SUBJECT:                               | Meyev III L<br>Name of Limit               | ted Liability Company   | ······································   |
| The enclosed Articles of               | Amendment and fee(s) are sub               | omitted for filing.   |  |
| Please return all correspo             | ndence concerning this matter              | to the following:   |  |
|  | Debra                                      | Meyer   |  |
|  | Meyer                                      | Name of Person  Firm/Company  |  |
|  | 155 COI                                    | unta Club Dr  | •  |
|  | Jeffalb<br>Je-mail address: (t             | City/State and Zip Code  OUNCHER & BULLS  O be used for future annual report notifica | , , ,  |
| For further information co             | oncerning this matter, please c            | ali:  |  |
| Name of                                | MCYEV<br>Person                            | at (50) 70750<br>Area Code & Daytime T  | 235 elephone Number  |
| Enclosed is a check for th             | e 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MeyerIIL   | L  |
|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited   | any as it now appears on our records.) Liability Company)  |
| The Articles of Organization for this Limited Liability Company Florida document number                                  | y were filed on 12 14 2005 and assigned  |
| This amendment is submitted to amend the following:  | to amend the following:  the new name of the limited liability company here:  ishable and end with the words "Limited Liability Company," the designation "LLC" of the abbreviation address, if applicable:    155 |
| A. If amending name, enter the new name of the limited lia   | bility company here:   |
| The new name must be distinguishable and end with the words "Lim"L.L.C."   | ited Liability Company," the designation "LLC" of the abbreviation   |
| Enter new principal offices address, if applicable:  | 155 Country Club Dr.   |
| (Principal office address MUST BE A STREET ADDRESS)  | - ICHUIDIUI IC MA  |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)                                  |  |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. | ffice address on our records, enter the name of the new  |
| Name of New Registered Agent:  | ebra Meyer   |
| New Registered Office Address:   | S Country Club Dr.   |
| Tegu   | 18ta Florida 33469   |
| Navy Devistance Agent's Signature if shapping Desistance 4   | 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

| MGR = Manager<br>MGRM = Managing Member |   |  |                         |  |  |
|---|---|--|-------------------------|--|--|
| <u>Title</u>                            | <u>Name</u>                             | Address  | Type of Action          |  |  |
| Ngrm                                    | Debratimeijer, P.A                      | . 155 Country Club Dr.<br>Teguesta, Te 334109      | ☐ Add Remove            |  |  |
|   |   |  | Add Remove              |  |  |
|   |   |  | Add Remove              |  |  |
|   |   |  | Add Remove  Add  Remove |  |  |
|   |   |  | Add Remove              |  |  |
| D. If amend                             | ing any other information, enter change | e(s) here: (Attach additional sheets, if necessary |                         |  |  |
| _                                       |   |  |                         |  |  |
| Dated                                   | Jovember 30. 21                         | m9.  |                         |  |  |
|   | Westers                                 | Metan  |                         |  |  |

Page 2 of 2

Filing Fee: \$25.00