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| (Requestor's Name) (Address) (Address) | | | | |
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| (Address) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| (Document Number) | | | | |
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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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T. HAMPTON

MAR 1 5 2010

EXAMINER

COVER LETTER

TO: Registration Section

| . Division of Corporations | | | | | |
|----------------------------|--|---|--|--|--|
| SUBJECT: | MERJENVAL, LLC | | | | |
| SOBJECT. | Name of Lin | nited Liability Company | | | |
| The enclosed Artic | les of Amendment and fee(s) are so | ubmitted for filing | | | |
| | | | | | |
| Please return all co | rrespondence concerning this matt | er to the following: | | | |
| | Rich | ard A. Golden, Esq. | | | |
| | | Name of Person | | | |
| | Krame | r & Golden, P.A. | | | |
| | ,— <u> </u> | Firm/Company | | | |
| | 1175 | N.E. 125th Street, Suite 512 | | | |
| | | Address | | | |
| | North | Miami, FL 33161 | | | |
| | | City/State and Zip Code | | | |
| | | palaw.com | | | |
| | | : (to be used for future annual report notification) | | | |
| For further informa | tion concerning this matter, please | ; call: | | | |
| RICHARD A. | GOLDEN, ESQ. | at (305) 899-1800 | | | |
| N | Name of Person | Area Code & Daytime Telephone Number | | | |
| | | | | | |
| | c for the following amount: | | | | |
| ≥ \$25.00 Filing F | ee \$\int_\$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\$\$ Certified Copy (additional copy is enclosed) | | | |
| | | | | | |
| 7 1 7 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 MAR 12 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 4, 2010

RICHARD A GOLDEN, ESQ KRAMER & GOLDEN PA 1175 NE 125TH ST - STE 512 N MIAMI, FL 33161

SUBJECT: MERJENVAL, LLC Ref. Number: L10000017734

We have received your document for MERJENVAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

- 1hrs 15 matei

Letter Number: 210A00005403

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ME | RJENVAL, LLC | | | | |
|--|---|---|----------------------------------|--|--|
| (<u>Name of the Limited Liab</u> (A Flori | <mark>ility Company as</mark> da Limited Liabili | it now appears on our reco ty Company) | ords.) | | |
| The Articles of Organization for this Limited Liabilit Florida document number <u>L10000017734</u> | y Company were | filed on 16 of Februa | ry, 2010 and assigned | | |
| This amendment is submitted to amend the following | ; : | | | | |
| A. If amending name, <u>enter the new name of the larger same</u> | imited liability | company here: | | | |
| The new name must be distinguishable and end with the "L.L.C." | words "Limited Li | iability Company," the desig | nation "LLC" or the abbreviation | | |
| Enter new principal offices address, if applicable: | | SAME | | | |
| (Principal office address MUST BE A STREET AD | DRESS) | | J. Vie | | |
| Enter new mailing address, if applicable: | | | SION OF CO | | |
| (Mailing address MAY BE A POST OFFICE BOX) | <u> </u> | | AH 116 | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office a | gistered office a ddress here: | address on our records, | enter the name of the new | | |
| Name of New Registered Agent: | SAME | | | | |
| New Registered Office Address: | | Enter Florida si | reet address | | |
| | Emer Prorida street address | | | | |
| | Cit | | orida 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

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> . | Type of Action |
|--------------|------------------------------|---|----------------------|
| MGR | Romo, Jennifer | 841 East 18th Street | ⊠ : Add |
| | | Hialeah, FL 33013 | Remove |
| | | | Add |
| | | | Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amendi | ng any other information, en | ter change(s) here: (Attach additional sheets, if neces | sary.) |
| | | | SECRET SIVISION O |
| | | | 5 STE |
| | | | RPORA |
| Dated 01 Max | cch | ., 2010 | ORATIONS: |
| - | Signature of | a member or authorized representative of a member | |
| - | _ | sq. Authorized Agent/Registered Agent Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00