

210 000038059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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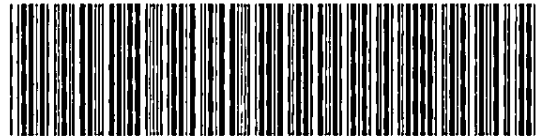
(Business Entity Name)

(Document Number)

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FALLS CHURCH, VA
REC. DIVISION

D PRUCE
SEP 15 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Merrill Investments LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Thomas L. Merrill

Name of Person

Merrill Investments LLC

Firm/Company

825 NW 13th Street

Address

Gainesville Florida 32601

City/State and Zip Code

tmerrill21@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas L. Merrill

Name of Person

at (352) 339-3329

Area Code

Daytime Telephone Number

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Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Merrill Investments 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 April 8, 2010 and assigned Florida document number L10000038059.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>Lenora W Merrill</u>	<u>7120 NW 92nd Place</u>	<input checked="" type="checkbox"/> Add
		<u>Gainesville FL 32653</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Adam Merrill</u>	<u>152 Matthews Lane</u>	<input checked="" type="checkbox"/> Add
		<u>Ponte Vedra Beach FL 32082</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Jaime Smith</u>	<u>5924 NW 84th Terrace</u>	<input checked="" type="checkbox"/> Add
		<u>Gainesville FL 32653</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Kristin Reynolds</u>	<u>1487 Sauvignon Ct</u>	<input checked="" type="checkbox"/> Add
		<u>Livermore CA 94550</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>C. Ray Merrill</u>	<u>1106 NW 40th Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Gainesville FL 32605</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FALCON

2021 SEP -3 AM 7:48
TALLAHASSEE, FL
CELLULAR

Note: 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.

Dated August 31, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00