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(Re	equestor's Name)				
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(Ci	ty/State/Zip/Phone	e #)			
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SECRETARY OF STATE

K.SALY EXAMINER MAR 2 0 2012

COVER LETTER

Division of Corp					
SUBJECT:	Mercano	Properties LLC			
		ited Liability Company	***************************************		
The enclosed Articles of A	mendment and fee(s) are sui	bmitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
		Jack French			
	C/O Florida Accounting Associates PA Firm/Company				
	2	443 Pine Wood Circle	- Any antiquipment - the control of		
		Address			
		Naples, FL 34105			
	City/State and Zip Code				
	E-mail address: (Mike@faapacpa.com to be used for future annual repo	nt notification)		
For further information con	cerning this matter, please of	eall:			
Jac	k French	at (_239_)	263.9609 Daytime Telephone Number		
Name of F	Person	Area Code & I	Daytime Telephone Number	r	
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	\$30.00 Fiting Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	closed) 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

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SECRETARY OF STATE
FALLAHASSEE, ELORIDA

Me	rcano Properties LLC	'ALLAHA	SSEE, EL ORIDA
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appear orida Limited Liability Company)	s on our records.)	ONIDA
The Articles of Organization for this Limited Liabi Florida document numberL1000005715		05/26/2010	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here	:	
The new name must be distinguishable and end with th	e words "Limited Liability Compar	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	e:		· Bailtich less auch a sea
(Principal office address MUST BE A STREET A	(DDRESS)		
			 .
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
B. If amending the registered agent and/or a registered agent and/or the new registered office	•	ur records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Fnts	er Florida street addı	255
	27.00		
-	City	, Florida	7in Coda

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 Title Name Address Type of Action MGR Michael J Bodah 2443 Pine Wood Circle Nanles EL 34105 . [∕] Add ☐ Remove ∏ Add ∏ Remove DbA 🔲. Remove Add Remove □Add ___Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Anneh additional sheets, it necessary) Dated MARCH 14 2012

> Page 2 of 2 Filing Fee: \$25.00

Signature of a member or authorized cornection of a member Jack Prepeli