Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number : 076624003440 : (305)444-6226 Phone

: (305)442-4829 Fax Number

Enter the email address for this business entity to be used for further annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MERILOT MANAGEMENT V, LLC

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Page Count	03
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EXAMINER

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COVER LETTER

TO:	Registration S Division of Co			
SUBJE	CT;	MERILOT MA	NAGEMENT V, LLC	
		· Name of Limit	ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Picaso	return all corresp	ondence concerning this matter	to the following:	
			LAURA KOHN	
		•	Name of Person	
		ARAZOZA	& FERNANDEZ-FRAGA P.A.	
			Firm/Company	
		2100 SAL	ZEDO STREET, SUITE 300	
			Address	
		COF	RAL GABLES, FL 33134 City/State and Zip Code JRA@ARAZOZA.COM	·IF &
			City/State and Zip Code	-
•		LAL	JRA@ARAZOZA.COM	1
	d le calco		all: at (305) 444-6226 x 233	
For fur	ther information	concerning this matter, please c	an: ORA 9	C
	L/	AURA KOHN		
	Name	of Person	Area Code & Dayumc Telephone Number	
Enclos	ed is a check for	the following amount:		
\$25	.00 Filing Fee	\$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)	
		ING ADDRESS:	STREET/COURIER ADDRESS: Registration Section	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERILO	MANAGEMENT V, I	LLC		
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appea ida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability	ty Company were filed on	11/12/2010	and assigned	
Florida document numberL10000118107	, ,			
This amendment is submitted to amend the following	· 3			
A. If amending name, enter the new name of the	limited liability company her	<u>re</u> :		
MERLIO'	T MANAGEMENT V, LLO			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "I	LC" or the abbreviat	ion
Enter new principal offices address, if applicable				_
(Principal office address MUST BE A STREET AL	ODRESS)		11984	_
			SE SE	_
			≥ ≈ 3	~ ~
Enter new mailing address, if applicable:			ASA Y	
(Mailing address MAY BE A POST OFFICE BOX			738	_ [
Thursday and the state of the s	<u> </u>		- F	- 13
·			S 42	- [
B. If amending the registered agent and/or re- registered agent and/or the new registered office:	egistered office address on a	our records, <u>enter t</u>		<u>iew</u>
registered agent with the new temperature of the	247 112 C			
Name of New Registered Agent:				_
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·	_
	Er	iter Florida street add	ress	
		, Florida		_
-	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

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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:

IGR = Ma IGRM = N	nager Managing Member		•
itle	<u>Name</u>	Address	Type of Action
···			T Damasia
			· · · · · · · · · · · · · · · · · · ·
			Add Remove
1			NS Add 25
			ASS STANDARD
If amen	ding any other information		
	MAY 15		
	aligan	lu alvera	
	Signatu	re of a member or authorized representative of a med ALEJANDRA ALVARADO	mber
		Typed or printed name of signee	

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Filing Fee: \$25.00