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J. SAULSBERRY EXAMINER

## **COVER LETTER**

TO:

**Registration Section** 

Division of	Corporations				
SUBJECT:	MERMAIS	MELKSA LLC			
		Name of Limited Liability Company			
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.			
Please return all corre	espondence concerning this matter	to the following:			
	MELI	SSA LUDECKER.  Name of Person			
	MERMAI	A MEUSSA LLC Finn/Company			
	5632 Mi	naret Court Address	ZOII H		
	Orlando,	Address  FL 32821  City/State and Zip Code  I melissa @ 9 mo to be used for future annual report notification	HAY -4 PM AFTARY OF S AHASSEE. FF		
	Mermaid E-mail address: (1	l melissa @ 9 mo to be used for future annual report notification	ail. config		
For further information	on concerning this matter, please c	all:	<b>8 8 8</b>		
Melissa Nan	a Ludecker ne of Person	at (407) 923 20 Area Code & Daytime Tel	037 lephone Number		
Enclosed is a check for	or the following amount:				
<b>√</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Reg Div P.O	AILING ADDRESS: gistration Section ision of Corporations Box 6327 lahassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERMAID ME						
(Name of the Limited Liability Compa (A Florida Limited I	i <b>ny as it now</b> Liability Com	appears o pany)	n our records	<u>r</u> )		
The Articles of Organization for this Limited Liability Company	were filed o	n	1-6-2	<i>011</i> an	ıd assig	gned
Florida document number		•				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	oility compa	<u>ıy here</u> :				
The new name must be distinguishable and end with the words "Limit" L.L.C."	ited Liability (	Company,	" the designati	on "LLC" or	the ab	breviation
Enter new principal offices address, if applicable:				IA <sub>S</sub>	201	
Principal office address MUST BE A STREET ADDRESS)	<del>-                                    </del>			LAHA	₹ -	*
				TARY ASSE	<del></del>	T
_				CT	- 	Kil
Enter new mailing address, if applicable:					<del></del>	in a spirit
Mailing address MAY BE A POST OFFICE BOX)				RAI		
				<b>15</b> )**	7	
3. If amending the registered agent and/or registered of		on our	records, en	ter the nar	ne of	the new
egistered agent and/or the new registered office address here	<u>e</u> :					
Name of New Registered Agent:	<del> </del>					
New Registered Office Address:						
	Florida streei	t address	٠			
			, Florida			<del></del>
	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

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 <u>Name</u> Type of Action <u>Address</u> MGR Melissa Ludecker ☐ Add Remove ☐ Add Remove Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 67 Dated Signature of a member or authorized representative of a member WILLIAM LUBECKER

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00