## LII 0000 4300 Z

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

Meshwrigh			•	
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Ronald L. Mann			
		Name of Person		
		Firm/Company	<del> </del>	
	14609 County Road 124			
	Sanderson, FL 32087	Address		
		City/State and Zip Code		
	E-mail address: (	to be used for future annual report not	tification)	
	concerning this matter, please c			
onald L. Mann Name o	of Person	904 305-0757 at () Area Code Daytin	ne Telephone Number	
:losed is a check for t	he following amount:			
325.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration Division of C	Section Corporations	Street Address: Registration Se Division of Co	rporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Meshwright LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
he Articles of Organization for this Limited Liability Compa	ny were filed on 04-11-2011	and assigned
orida document number L11000043002		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	ability company here:	
eshwright, LLC		
ne new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		~;
		230 c
Accessed the sold on the sold.		21
nter new mailing address, if applicable:		
<u> Aailing address MAY BE A POST OFFICE BOX)</u>		<del></del>
If amending the registered agent and/or registered officent and/or the new registered office address here:	e address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
<del></del>	City	Zip Code

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 3 filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability bany has been notified in writing of this change.

Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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n effective date is listed, the date mote: If the date inserted in this becument's effective date on the I	ist be specific and cannot be polock does not meet the ap	plicable statutory filin	ore than 90 days after filing.) Pur	suant to 605,0207 ( not be listed as t
ecord specifies a delayed effecti is filed.	ve date, but not an effectiv	ve time, at 12:01 a.m.	on the earlier of: (b) The 90	th day after the
ted	2020			
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Typed or printed name of signee