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(Re	questor's Name)	
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2019 JULY 60 PM 60 FT

AUG 05 2019

## **COVER LETTER**

	istration Sec ision of Corp									
SUBJECT:	_Me	rum	PY 10 1 Name of Lim	2at	i U	'SA	LL			
The enclosed	ł Articles of A	amendment and f	ee(s) are sub	mitted for	filing.					
Please return	all correspon	dence concernin	g this matter	to the foll	owing:					
			A.							
		1623								
			i 6 at	City/Sta	FL ate and Zip C yage for future an	Code  Modernual rep	33 a	20 2. <i>ca</i>	<u></u>	
For further i	nformation co	ncerning this ma								
A5.	Name of	Person		at	( <u>Zo T</u> Area Code	)	167 Daytime T	-820 Telephone No	<b>9</b> unber	- <del>-</del>
Enclosed is	a check for the	following amou	int:							
\$25.00 F	Filing Fee	□ \$30.00 Filin Certificate	g Fee & of Status	Ce	.00 Filing I ertified Cop ditional copy	ÿ	sed)	Сег Сег	00 Filing Fo tificate of S tified Copy itional copy is	Status &
	MAILI	NG ADDRESS:			STR	EET/C	COURTE	R ADDRES	SS:	

Registration Section Division of Corporations

Tallahassee, Fl. 32314

P.O. Box 6327

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERUM PY 101 (Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our record	<u> </u>
·		
The Articles of Organization for this Limited Liability Company w	rere filed on <u>/6/27</u>	/// and assigned
Florida document number <u>4//000/23/38</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty 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:		10.19
(Principal office address MUST BE A STREET ADDRESS)		· ·
Trincipal Office address MOST DE A STREET ADDRESS		<u> </u>
		73
Enter new mailing address, if applicable:		<u>σ</u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our records	s, <u>enter the name of the new</u>
New Registered Office Address:	Enter Florida street addres	8
	FL	orida
	City	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro-	erformance of my duties, ar	nd I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
MGR	Maria Teresa	1623 5.21 Ave, Hollywood	PL, 33020 DKAdd
	Gool at -(		Remove
		, <del></del>	Change
			O Add
			□ Remove
			Change
			<b>D</b> Add
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			Change
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			Remove
			□ Chance

If an e. Note:	tive date, if other than the date of filing:
he re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
	7/24/19
Dated	
Dated	

Page 3 of 3

Filing Fee: \$25.00