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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Meridian	Decimus LLC	
Nar	me of Limited Liability Company	
The enclosed Articles of Amendment and fee(s	s) are submitted for filing.	. • • • • • • • • • • • • • • • • • • •
Please return all correspondence concerning the	is matter to the following:	. ,
	rain Grass	
W/6	Name of Person Silvia Section's LLC Firm/Company	
700	NE 90th Street	
Miar Crain	City/State and Zip Code Of a Sop Toper files, address: No be used for future annual report notific	<u>Com</u>
For further information concerning this matter.		:
Crain Grass	at (954) 895-	4445
Name of Person	Area Code Daytime T	elephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee [] \$30.00 Filing Fe Certificate of S		© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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, i L 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Meridian De	cimus L	LC	SERO PH	parent.
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on o	our records.)	021	• •
The Articles of Organization for this Limited Liability Company we	ere filed on2	21/201	2 and assigned	
Florida document number 120002758.	••	· · · · · · · · · · · · · · · · · · ·	•	
This amendment is submitted to amend the following:		. •		
A. If amending name, enter the new name of the limited liabilit	y company here:	• •	,	
	'i		. •	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designa	tion "LLC" or the	abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	••	· •	. ;	
(Principal office address MUST BE A STREET ADDRESS)			· · · · · · · · · · · · · · · · · · ·	
-				_
Enter new mailing address, if applicable:	· ,	·	· · · · · · · · · · · · · · · · · · ·	<u>:</u>
(Mailing address MAY BE A POST OFFICE BOX)				_
				
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our	records, enter	the name of the	new
Name of New Registered Agent:	Grosso			
New Registered Office Address:	E Qota S	treet		_
· <u> </u>	CAM 1	eet aaaress , Florida _	33138	
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Mana AMBR = Auth	ger orized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGL	Craia Grass	700 NE gots Street	` X Ádd
)	Minni FC 33138	Remove
,			Change
MGR	Jose Moreira	1141 Pietro Drine	
		Endicott, Ny 13766	Remove
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			□ Add
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