

L12000103666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900287981649

07/18/16--01030--015 **60.00

FILED STATE
SECRETARY OF CLERK
15 JUL 19 PM 2:55

JUL 19 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Merkley's Property Systems
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey Merkley
Name of Person

Merkley's Property Systems
Firm/Company

9351 Delray Drive
Address

New Port Richey, FL 34654
City/State and Zip Code

Jeffrey.Merkley@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Merkley at (208) 731-1218
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration 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, FL 32301

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 JUL 19 PM 2:56

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Merkley's Property Systems

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/13/12 and assigned Florida document number L12000103666

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability 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:

(Principal office address MUST BE A STREET ADDRESS)

9351 Delray Drive
New Port Richey, FL 34654

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9351 Delray Drive
New Port Richey, FL 34654

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jeffrey Merkley

New Registered Office Address:

9351 Delray Drive

Enter Florida street address

New Port Richey, Florida 34654

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.

Jeffrey Merkley

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ann Dona Merkley	9351 Delray Drive	<input type="checkbox"/> Add
		New Port Richey, FL 34654	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jeffrey Merkley	9351 Delray Drive	<input checked="" type="checkbox"/> Add
		New Port Richey, FL 34654	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
JUL 1 11 45 AM '06

[illegible]

10 JUL 19 01 2:55
FBI STATE
STOCKHOLM
TEL: 1000

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 7/14/16, _____

Signature of a member or authorized representative of a member

Ann Doran Merkley / Jeffrey Merkley
Typed or printed name of signee