# L12000120157

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# **COVER LETTER**

Jepanett		nited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
Division of Corporations  Merit Enterprises, LLC  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:  Jane Kerrigan  Name of Person  Hand Arendall Harrison Sale  Firm-Company  35008 Emerald Coast Parkway, Stc. 500  Address  Destin, FL 32541  City/State and Zip Code  Tuthonic/sled Q Q proci/scorp  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jane  850  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Certificate of Status  Certified Copy  reductional topy is enclosed)  Certified Copy  reductional topy is enclosed)			
		Name of Person	
Division of Corporations  Merit Enterprises, LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:  Jane Kerrigan  Name of Person  Hand Arendall Harrison Sale  Firm-Company  35008 Emerald Coast Parkway. Stc. 500  Address  Destin, FL 32541  City/State and Zip Code  Table Solve Sol			
		Firm/Company	
	it Enterprises, LLC  Name of Limited Liability Company  cles of Amendment and fee(s) are submitted for filing.  District of Amendment and fee(s) are submitted for filing.  District of Person  Hand Arendall Harrison Sale  Firm Company  35008 Emerald Coast Parkway, Ste. 500  Address  Destin, FL 32541  City/State and Zip Code  Tuthonic/sledge gracif. com  E-mail address: (to be used for future annual report notification)  atton concerning this matter, please call:    S50		
	5 Ft. 22511	Address	
	Destin, FL 32541		
<del>-8</del>	nuthaniels E-mail address:		cation)
For further information ec			
Jane		850 650-0010	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION • OF



Merit Enterprises, LLC

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2019111118 /3/11:28

(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  $\frac{9/20/2012}{1}$ and assigned Florida document number L12000120157 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." 1681 N. Pearl Street Enter new principal offices address, if applicable: Crestview, FL 32536 (Principal office address MUST BE A STREET ADDRESS) 1681 N. Pearl Street Enter new mailing address, if applicable: Crestview, FL 32536 (Mailing address MAY BE A POST OFFICE BOX) 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: Nathaniel Sledge Name of New Registered Agent: 1681 N. Pearl Street New Registered Office Address: Enter Florida street address

### 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.

Crestview

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>	Type of Action
AMBR	Nathaniel Sledge	1681 N. Pearl Street Crestview, FL 32536	
			Remove
			Change
AMBr	Zhalman A. Harris		
		IZOL N. B Comma	Remove
		1681 N. Pearl Street Crestview, FL 32536	☐ Change
MGR.	Angela M. Arnett		
		Miramar Beach, FL 32550	<b>■</b> Remove
			Change
			Add
			Remove
			Change
		_	
			□ Remove
			☐ Change
			Add
			□ Remove
			Change

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in effect o <u>te:</u> If	e date, if other than the date of filing:	
	rd specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier 0th day after the record is filed.	r of
ited	November 7 2019  Signature of a member or authorized representative of a member	
	Mathaniel Sledce	

Page 3 of 3

Filing Fee: \$25.00