

13000001952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

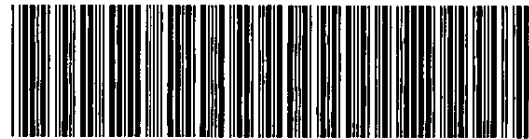
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

S. WARREN  
NOV 08 2017

# MergerChoices

Driving Global Growth for Automotive and Industrial Clients

**Alan Martin, Managing Partner**

(+1) 941 527 1254 (Sarasota, USA)

[alanmartin@mergerchoices.com](mailto:alanmartin@mergerchoices.com)

[www.mergerchoices.com](http://www.mergerchoices.com)

November 3, 2017

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To: Whom it may concern,

**Re: Florida Document No. L13000001952, IQZero LLC**

On October 25, 2017 I submitted a name change request for the above LLC (formerly "MergerChoices LLC"). Having made this request, I subsequently realized it was in error. I called your offices to request a stop to the name change but it seems that this was too late and the name change was processed.

I am now attaching a further name change amendment to revert to the former name "MergerChoices LLC".

Thank you for your kind help in this matter.

Sincerely,



Alan D Martin.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** IQZERO 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:

ALAN D MARTIN  
Name of Person  
IQZERO LLC  
Firm/Company  
4802 50TH AVENUE WEST  
Address  
BRADENTON, FL 34210  
City/State and Zip Code  
ALANDMART@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAN D MARTIN at (941) 527 1254  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

IQZERO LLC

(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 JANUARY 2, 2013 and assigned Florida document number L13000001952

This amendment is submitted to amend the following:

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

MERGERCHOICES LLC

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:

NO CHANGE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NO CHANGE

(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:

Name of New Registered Agent:

NO CHANGE

New Registered Office Address:

Enter Florida street address

, Florida

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

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TALLAHASSEE, FLORIDA

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>
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_____	_____	_____	<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NAME CHANGE ONLY - REVERT TO FORMER NAME

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER 3, 2017

A. Martin

Signature of a member or authorized representative of a member

ALAN D MARTIN

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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