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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MERGERCHOICES 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	
1QZERO Firm/Company	
4802 50 TH AVE W	
BRADENTON, FL 342 City/State and Zip Code	10
ALANDMART @ GMAIL E-mail address: (to be used for future annual report notification)	· com
For further information concerning this matter, please call:	
ALAN D. MAR'TIN at (941) 241 6 Name of Person Area Code Daytime Telephone	i 99 c Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy (additional copy is enclosed)	660.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERGERCHO			<u></u>	
(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears on ou lability Company)	r records.)		
The Articles of Organization for this Limited Liability Company of Florida document number		4ARY 2, 20	13 and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:	OF NAME	IRST CHARCT	
1QZERO The new name must be distinguishable and contain the words "Limited Liabili"	ty Company " the designati	Num	BER "ONE	is
Enter new principal offices address, if applicable:	No CHAI			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a	NO CHA	SS Enter the name of	the new registered	
agent and/or the new registered office address here:			C);	
Name of New Registered Agent:	O CHANGE			
New Registered Office Address:	Enter Florida stre	at address		
	naer rioruu sire			
	City	, Florida Z	lip 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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factive d	late if other t	han the date o	f filing:				(optiona	n	
n effective	e date is listed, the	date must be spec	cific and canno	t be prior to	date of filing	or more than 90	days after fili	ng.) Pursuant	to 605.02
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	ecifies a delayed	effective date, b	but not an eff	fective time	e, at 12:01 a.	m. on the ear	lier of: (b)	The 90th da	y after th
is filed.	^								
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Filing Fee: \$25.00