# L13000016001

(Re	equestor's Name)		
. (Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	<del>=</del> #)	
PICK-UP	☐ WAIT	MAIL	
(Bı	isiness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
	J. HORN JUN - 9 2		





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ZOZZ JUN -8 AMII:

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	· · · · · · · · · · · · · · · · · · ·	
Meridian Trust Hold	ings, LLC	
	<u> <del></del></u>	
		<del>-  </del>
	· · · · · · · · · · · · · · · · · · ·	Am of the File
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
	. <b></b>	Vehicle Search
D		Driving Record
Requested by: SETH	06/08	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
Walls In	Will Diale Ha	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

#### **COVER LETTER**

	rision of Co	rporations	•		
SUBJECT:	Meridian 7	Trust Holdings LLC			
Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are su	abmitted for filing		
		ondence concerning this matte	_		
	·	<b>3</b>			
		Lauren Llorca	_		
			Name of Person	<del></del>	
		EPGD Attorneys at Law,	P.A.		
			Firm/Company		
		777 SW 37th Ave, Suite	510		
	Address				
		Miami, FL 33135			
			City/State and Zip Code		
		lauren@epgdlaw.com	(to be used for future annual report no	(Postion)	
For further in	formation o	oncerning this matter, please o	-	median)	
Lauren Llore		, pieze			
	Name of	f Parron	at ()		
	rame of	reson	Area Code Dayun	ne Telephone Number	
Enclosed is a	check for th	e following amount:			
<b>≣ \$</b> 25.00 Fi	ling 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 Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Meridian Trust Holdings, LLC		2
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability C	Company were filed on 01/30/2013	and assigned
Florida document number L13000016061	·	
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new registered
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street address	
<del></del>	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

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

Title	Name	Address	Type of Action
MGR	Oliver Scidler	600 Silks Run, STE 2270	
		Hallandale Beach, FL 33009	□Remove
			Change
MGR	Neil Solomon	600 Silks Run, STE 2270	
	-	Hallandaic Beach, FL 33009	□Remove
			Change
MGR	Shane Sullivan	600 Silks Run, STE 2270	
		Hallandale Beach, FL 33009	□Remove
MGR	Daniel Hemandez	600 Silks Run, STE 2270	<b>=</b> Add
		Hallandale Beach, FL 33009	□Remove
		<del></del>	□ Change
			□Remove
			☐ Change
		<del>-</del>	□Add
			□Remove
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TOLE.	ve date, if other than the date of filing:  ctive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
record is file	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 d.
ated _	rune 2, 2012.
	- <del></del>
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

### **COVER LETTER**

TO:		istration Se ision of Cor			
SUBJEC	Сt.	Meridian T	rust Holdings LLC		
Name of Limited Liability Company					
The encl	losed	Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please re	eturn	all correspo	ndence concerning this matte	r to the following:	
			Lauren Llorca		
				Name of Person	
			EPGD Attorneys at Law,	P.A.	
				Firm/Company	<del></del>
777 SW 37th Ave, Suite 510					
Address				<del></del> -	
Miami, Fl. 33135					
				City/State and Zip Code	<del></del>
			lauren@epgdlaw.com	to be used for future annual report not	· N
For furthe	er inf	ormation co	ncerning this matter, please c	•	mication)
Lauren L			mooning this matter, prease c		
Lauch L	.10102		n.	786 837-6787 at ()	
		Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	is a c	heck for the	following amount:		
<b>≘</b> \$25.0	0 Fil	ing Fee	S30.00 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)
R C P	Regis Divis P.O.	og Address: stration Se strong of Con Box 6327 hassee, FL	ection rporations	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810