

L17000 178087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA
SECRETARY OF REVENUE

J. Shivers JAN 29 2013

657



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 21, 2014

LENA LOCKWOOD
51 ISLAND WAY APT 810
CLEARWATER, FL 33767

SUBJECT: MERCHANT'S SALES SOLUTIONS, LLC
Ref. Number: L13000178087

We have received your document for MERCHANT'S SALES SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 514A00001311

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Merchants Sales Solutions

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:

Lena M. Lockwood

Name of Person

Merchants Savings Solutions

Firm/Company

51 Island Way, Apt. 810

Address

Clearwater, Florida 33767

City/State and Zip Code

lela1111@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lena Lockwood

Name of Person

at **312 505-5362**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Merchant's Sales Solutions 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 Dec 23, 2013 and assigned

Florida document number L13000178087 LMR

This amendment is submitted to amend the following:
L13000178087

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

Merchant's Savings Solutions LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

51 Island Way Apt. # 810
Clearwater, Florida
33767

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:

Lena M. Lockwood

New Registered Office Address:

51 Island Way, Apt # 810
Enter Florida street address

Clearwater, Florida 33767
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

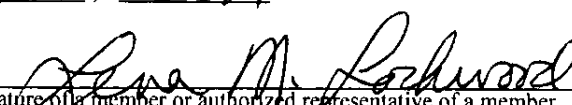
14 JAN 28 1993
SECURITY
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06/19/93 BY 60322
UCBA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 1-29-2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 1-29-2014, 2014.



Signature of a member or authorized representative of a member
Lena M. Lockwood

Typed or printed name of signee

2014 JAN 29
14 JAN 28 PM 12:33
STATE OF FLORIDA
TALLAHASSEE