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(Re	questor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
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:
LINDA MEYERSON
Name of Person
LINDA MEYERSON Name of Person LINDA MEYERSON LLC
Firm/Company
14205 SW103 CT
Address
MIAMI FL 33176
City/State and Zip Code City/State and Zip Code City/State and Zip Code De// South - Net E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For turtner information concerning this matter, please call:
LINGA Meyerson at 305, 972 3224 Name of Person Area Code Daytime Telephone Number
7.2.2.5.5.6 2.4.2.5.4.2.5.4.2.5.4.2.5.4.2.5.4.2.5.4.2.5.4.2.5.4.2.5.4.2.5.4.2.5.4.2.5.4.2.5.4.2.5.4.2.5.4.2.5.4.2.5.4.2.5.4.2.2.5.4.2.2.5.4.2.2.5.4.2.5.4.2.5.4.2.5.4.2.5.4.2.5.4.2.5.4.2.5.4.2.5.4.2.2.5.4.2.2.5.4.2.2.5.4.2.2.5.4.2.2.5.2.2.5.2.2.5.2.2.2.2
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & 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

TO ARTICLES OF ORGANIZATION OF

LINDA MEYERS	TON ZLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	
The Articles of Organization for this Limited Liability Company Florida document number 2400001988	were filed on $\frac{2/04/20/4}{4}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
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)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	2 t 1=
	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Steven Meyerson	14205 SW103 CT MIA FZ 33176	
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Filing Fee: \$25.00