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COVER LETTER

TO: Registration Section Division of Corporations

MRLU, LLC Name of Limited Liability Company SUBJECT: ____

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jon B. COALS, JA., Erg Name of Person Coals Schmidt, P.A. Firm/Company 2019 JUH 14 PH 3: 4055 (Entrol Are Address Petersburg, FC E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Son B. CUALS, JA. EIG at (727) 456-4462 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:



□ \$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

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(<u>Name of the Limited Liability Compan</u> (A Florida Limited L		
The Articles of Organization for this Limited Liability Company Florida document number $\angle 1500066F40$		5/25 and assigned
Florida document number 2770000070		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	<u>lity company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	NA	20
	/*	
Enter new mailing address, if applicable:		JUH
	hild	
(Mailing address MAY BE A POST OFFICE BOX)		
	•	<u> </u>
B. If amending the registered agent and/or registered of	ffice address on our records, <u>en</u>	ter the name of the new
registered agent and/or the new registered office address here		
Name of New Registered Agent:	7	
New Registered Office Address:	Enter Floridh Araci address	<u></u>
	, Florida	1
	City	Zıp 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

⁴ If amending Authorized

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Peten Chicouris	6500 1ª Ave North	Add
		5500 1ª Ave North St Petersburg, FC 37	2/0
			Change
			🗆 Add
		Remove	
		Change	
			Change PH PRUVE
	_,	Change	
			🗆 Add
		Remove	
		Change	
			Add
			C Remove
			Change

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

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X			20

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 June Thicken OPM ムエニ N 91 Signature of a member or authorized epresentative of a member Cools, In his Albuning -in-F. Michael Robson <u>ß</u> Typed or printed name of signed

Page 3 of 3 Filing Fee: \$25.00