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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## **COVER LETTER**

246043

TO: Registration Section Division of Corporations

MEIARA INVESTMENT GROUP LLC
SUBJECT:
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Mume of Person

Firm/Company

LCC

Firm/Company

Address

Mismi F 33131

City/State and Zip Code

ARAW 1 ME 1 & GMAIL Com

E-mail address (in he used for hours annual contraction)

For further information concerning this matter, please call:

TOTALESUM ARAWI at (786) 73/4657

Nume of Person Area Code Daytimo Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee & \$30.00 Filing Fee &

30.00 Filing Fee & S55,00 Filing Fee & Certificate of Status Certified Copy (additional capy 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 Tallahasson, 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

MEIRA INVESTMENT CROUP LLC
[Name of the Limited Liability Company as It now appears on our records.] (A Fiorida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on October 7, 2015 and assigned  Florida document number L15000171308
This unendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)
Enter new mailing address, if applicable:
(Mulling address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:
New Registered Office Address:
Enter Flurido street address
Florida
City Zip Code > 5
New Registered Agont'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, Stemature of New Registered Avent
Page 1 of 2

5/7 10:50:48 a.m. 10-14-2015 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 Type of Action <u>Address</u> Title Name MEISUN DESIRE NEMER 1390 BRICKELL AVE SLITE 104 AMBR Remove 🚨 Change JC Add 🚨 Remove \_\_ Change □ Remove Change \_□ Remove \_ Change

Page 2 of 3

\_D Add

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D. If omending any other lafe	rmation, enter change(s) here: (Attach additional sheets, if neces	ssary.)
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		OF 51
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Dated 10/14/2015		
	A hours	
	Signature of a partitles or muthorized representative of a moniber  MACI SUN  Typed or printed same of signee	
	Page 3 of 3	246043.
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