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(Requestor's Name)		
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COVER LETTER

	Registration S Division of Co			
SUBJEC	MERRY	CAT CONSULTANTS, LLC		
SUBJEC	~1·	Name of Limi	ited Liability Company	
The encl	osed Articles o	f Amendment and fee(s) are subr	mitted for filing.	
Please re	eturn all corres	oondence concerning this matter t	to the following:	
		MARY RHOADS		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		MERRYCAT CONSULTA	ANTS, LLC	
			Firm/Company	
		52 TUSCAN WAY, 202-3	69	
		_	Address	···-
		ST. AUGUSTINE, FL 320	92	
			City/State and Zip Code	
		MOOUSULTAL E-mail address: (t	TSUCO AMAL. Quality of the desired o	tification)
For furth	ner information	concerning this matter, please ca		
Cath	henne	Henducksen	at (703) 895-	5354
	Name	of Person	Area Code Dayti	me Telephone Number
Enclosed	d is a check for	the following amount:		
\$25.	00 Filing 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERRYCAT CONSULTANTS, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records da Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Florida document number L15000180270	Company were filed on 10/22/15	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Liu	mited Liability Company," the designation "LLC"	Face (53)
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	SS 20 P
Enter new mailing address, if applicable:		F
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad-		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	s
	731	nulda.
	, FIC	orida 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CATHERINE A HENDRICKSEN	52 TUSCAN WAY	Add
		ST. AUGUSTINE, FL 32092	■ Remove
			Change
AMBR	MARY RHOADS	52 TUSCAN WAY	Add
		ST. AUGUSTINE, FL 32092	■ Remove
			Change
MGR	MARY RHOADS	52 TUSCAN WAY	Add
		ST. AUGUSTINE, FL 32092	□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Remove** Co H Change
			Change C
			□ Remove
			☐ Change

D. If amending any other information, o	enter change(s) here: (Attach additional sheets, if nec	essary.)
		
-		
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E. Effective date, if other than the date of (If an effective date is listed, the date must be spongler of the date inserted in this block do document's effective date on the Department.	es not meet the applicable statutory filing requirements, thi	ional) r filing.) Pursuant to 605.0207 (3)(b) is date will not be listed as the
f the record specifies a delayed effe b) The 90th day after the record is	ctive date, but not an effective time, at 12:01 is filed.	a.m. on the earlier of:
Dated 12/14/15	$\frac{1}{CO(1)}$	
Signat	ure of a member or authorized representative of a member	ST EM.
MARY RHOADS		
	Typed or printed name of signee	25 00 F
	Page 3 of 3	10 10 10 10 10 10 10 10 10 10 10 10 10 1
	Filing Fee: \$25.00	5 5

Filing Fee: \$25.00